

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90261 001 ***138.75

DOCUMENT # L06000110207 1. Entity Name MEDICARE ADVANTAGE PLAN SERVICES, LLC					
Principal Place of Business 5509 GRAND BOULEVARD SUITE 203 NEW PORT RICHEY, FL 34652 US			Mailing Address 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02222008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5883301				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, CLINT R 5509 GRAND BOULEVARD SUITE 200 NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELSON, CLINT R 5509 GRAND BOULEVARD, SUITE 200 NEW PORT RICHEY, FL 34652	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Clint R Nelson</i> <i>Clint R Nelson</i> <i>3/10/08</i> <i>866-403-3666</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					