## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110207

Entity Name: MEDICARE ADVANTAGE PLAN SERVICES, LLC

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5509 GRAND BOULEVARD 905 E. MLK DRIVE

SUITE 203 SUITE 400

NEW PORT RICHEY, FL 34652 US TARPON SPRINGS, FL 34689 US

Current Mailing Address: New Mailing Address:

5509 GRAND BOULEVARD 905 E. MLK DRIVE

SUITE 200 SUITE 400

NEW PORT RICHEY, FL 34652 US TARPON SPRINGS, FL 34689 US

FEI Number: 20-5883301 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON, CLINT R
5509 GRAND BOULEVARD
905 E. MLK DRIVE

SUITE 200 SUITE 400

NEW PORT RICHEY, FL 34652 US TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: CLINT R. NELSON 03/11/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 NELSON, CLINT R
 Name:
 NELSON, CLINT R

 Address:
 5509 GRAND BOULEVARD, SUITE 200
 Address:
 905 E. MLK DRIVE, SUITE 400

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US
 City-St-Zip:
 TARPON SPRINGS, FL 34689 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLINT R. NELSON MGR 03/11/2009