2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

DOCUMENT# L06000110207

Entity Name: MEDICARE ADVANTAGE PLAN SERVICES, LLC

Current Principal Place of Business:

905 E. MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

905 E. MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

NELSON, CLINT R
905 E. MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: NELSON, CLINT R
Address: 905 E. MLK DRIVE, SUITE 400
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 Statues.

SIGNATURE: CLINT R NELSON CEO 02/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date