2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001259

Entity Name: REAL TIME HEALTH QUOTES LLC

FILED Apr 27, 2009 Secretary of State

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

19904 BLUFF OAK BLVD
TAMPA, FL 33618

19904 BLUFF OAK BLVD
TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

19904 BLUFF OAK BLVD TAMPA, FL 33618 19904 BLUFF OAK BLVD TAMPA, FL 33647

FEI Number: 20-8018424 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:

OHMAN, JOEL J
3003 BARNHARD DRIVE
#117
TAMPA, FL 33613 US
OHMAN, JOEL J
19904 BLUFF OAK BLVD
TAMPA, FL 33647 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: 04/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

Name: OHMAN, JOEL J
Address: 3003 BARNHARD DRIVE #117

Name: OHMAN, JOEL J
Address: 19904 BLUFF OAK BLVD

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete Title: () Change () Addition Name: MACFAWN, MARK P Name:

 Name:
 MACFAWN, MARK P
 Name:

 Address:
 1511 SAN MARCO DR - # 108
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

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: JOEL J OHMAN CEO 04/27/2009