

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084945

FILED
Apr 26, 2012
Secretary of State

Entity Name: WE DO CARE HEALTH PLANS LLC

Current Principal Place of Business:

6929 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

4269 NW 88 AVE
SUNRISE, FL 33351

Current Mailing Address:

6929 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

304 INDIAN TRACE
SUITE 636
WESTON, FL 33326

FEI Number: 26-0745033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTERBURGER, DERWIN A
304 INDIAN TRACE
SUITE 636
WESTON, FL 33326 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: WESTERBURGER, DERWIN
Address: 4269 NW 88 AVE
City-St-Zip: SUNRISE, FL 33351

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 Statutes.

SIGNATURE: DERWIN WESTERBURGER

MGR

04/26/2012

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