

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000102197

FILED
May 13, 2008
Secretary of State

Entity Name: MY FLORIDA HEALTH BENEFITS, LLC

Current Principal Place of Business:

3300 VERBENA AVENUE
WINTER HEAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

3300 VERBENA AVENUE
WINTER HEAVEN, FL 33881

New Mailing Address:

FEI Number: 26-1195942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, BEATRIZ C
3300 VERBENA AVENUE
WINTER HEAVEN, FL 33881 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: MGRM () Delete
Name: LEON, BEATRIZ C
Address: 3300 VERBENA AVENUE
City-St-Zip: WINTER HEAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: URIBE, RAUL M
Address: 3300 VERBENA AVENUE
City-St-Zip: WINTER HEAVEN, FL 33881

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: BEATRIZ C LEON

MGRM

05/13/2008

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