

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102197

FILED
Apr 23, 2009
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:

3300 WHITESTONE CIRCLE
KISSIMMEE, FL 34741

Current Mailing Address:

3300 VERBENA AVENUE
WINTER HEAVEN, FL 33881

New Mailing Address:

3300 WHITESTONE CIRCLE
KISSIMMEE, FL 34741

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:

LEON, BEATRIZ C
3300 WHITESTONE CIRCLE
KISSIMMEE, FL 34741 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: BEATRIZ LEON

04/23/2009

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEON, BEATRIZ C
Address: 3300 WHITESTONE CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: () Change () Addition
Name:
Address:
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: BEATRIZ LEON

P

04/23/2009

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