

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102197

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** MY FLORIDA HEALTH BENEFITS, LLC

**Current Principal Place of Business:**

3300 WHITESTONE CIRCLE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

97 SILVER PARK CIR  
KISSIMMEE, FL 34743

**Current Mailing Address:**

3300 WHITESTONE CIRCLE  
KISSIMMEE, FL 34741

**New Mailing Address:**

97 SILVER PARK CIR  
KISSIMMEE, FL 34743

**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 WHITESTONE CIRCLE  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

LEON, BEATRIZ C  
97 SILVER PARK CIR  
KISSIMMEE, FL 34743 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

04/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEON, BEATRIZ C  
Address: 97 SILVER PARK CIR  
City-St-Zip: KISSIMMEE, FL 34743

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: BEATRIZ LEON

P

04/15/2010

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