

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102197

FILED
Apr 19, 2011
Secretary of State

Entity Name: MY FLORIDA HEALTH BENEFITS, LLC

Current Principal Place of Business:

97 SILVER PARK CIR
KISSIMMEE, FL 34743

New Principal Place of Business:

2467 RUNYON CIR
ORLANDO, FL 32837

Current Mailing Address:

97 SILVER PARK CIR
KISSIMMEE, FL 34743

New Mailing Address:

2467 RUNYON CIR
ORLANDO, FL 32837

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
97 SILVER PARK CIR
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

LEON, BEATRIZ C
2467 RUNYON CIR
ORLANDO, FL 32837 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 C LEON

04/19/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LEON, BEATRIZ C
Address: 2467 RUNYON CIR
City-St-Zip: ORLANDO, FL 32837

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 C LEON

MGRM

04/19/2011

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