

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124232

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** CHOICE PREPAID HEALTHCARE, LLC

**Current Principal Place of Business:**

2295 N.W. CORPORATE BLVD  
SUITE 140  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2295 N.W. CORPORATE BLVD  
SUITE 140  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 30-0459732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRUDEN, JAMES  
980 N. FEDERAL HWY  
SUITE 404  
BOCA RATON, FL 33432 US

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

PRUDEN, JAMES  
900 N. FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432 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:

04/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, GARY D  
Address: 4275 SANCTUARY LANE  
City-St-Zip: BOCA RATON, FL 33431

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: GARY BROWN

MGRM

04/08/2010

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