

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088843

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** GOOD HEALTH INSURANCE COMPANY, LLC

**Current Principal Place of Business:**

4891 SABLE PINE CIRCLE/BLDG 929/A-1  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

4891 SABLE PINE CIR  
929/APT A1  
WEST PALM BEACH, FL 33417 UN

**Current Mailing Address:**

4891 SABLE PINE CIRCLE/BLDG 929/A-1  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

149 SEVILLA AVE  
ROYAL PALM BEACH, FL 33411

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PINO, MERCEDITAS  
4891 SABLE PINE CIRCLE/BLDG 929/A-1  
WEST PALM BEACH, FL 33417 US

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

PINO, MERCEDITAS MRS  
149 SEVILLA AVE  
929/APT A1  
ROYAL PALM BEACH, FL 33411 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: MERCEDITAS PINO

04/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PINO, MERCEDITAS MRS  
Address: 149 SEVILLA AVE  
City-St-Zip: ROYAL PALM BEACH, FL 33411 UN

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: MERCEDITAS PINO

MRS

04/15/2012

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