

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089941

FILED
Apr 29, 2009
Secretary of State

Entity Name: GUARANTEE HEALTH INSURANCE, LLC

Current Principal Place of Business:

8151 PETERS ROAD
1700
PLANTATION, FL 33324 US

New Principal Place of Business:

4782 W. COMMERCIAL BLVD
TAMARAC, FL 33319 US

Current Mailing Address:

8151 PETERS ROAD
1700
PLANTATION, FL 33324 US

New Mailing Address:

4782 W. COMMERCIAL BLVD
TAMARAC, FL 33319 US

FEI Number: 26-3501456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, RISA
8151 PETERS ROAD
1700
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ADLER, RISA
4782 W. COMMERCIAL BLVD
TAMARAC, FL 33319 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: RISA ADLER

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADLER, RISA
Address: 8151 PETERS ROAD, SUITE 1700
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADLER, RISA
Address: 4782 W. COMMERCIAL BLVD
City-St-Zip: TAMARAC, FL 33319 US

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: RISA ADLER

MGR

04/29/2009

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