

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045488

FILED
Jan 19, 2012
Secretary of State

Entity Name: CO-ORDINATED BENEFIT PLANS, LLC

Current Principal Place of Business:

18167 U.S. HIGHWAY 19 N, SUITE 450
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

18167 U.S. HIGHWAY 19 N, SUITE 450
CLEARWATER, FL 33764

New Mailing Address:

PO BOX 20594
TAMPA, FL 33622

FEI Number: 59-2014829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN L
3862 CENTRAL AVENUE
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WHALEN, SUZANNE
Address: 800 KINDERKAMACK RD., #302
City-St-Zip: ORADELL, NJ 07649

Title: MGR
Name: LEYS, KEVIN H
Address: 800 KINDERKAMACK RD., #302
City-St-Zip: ORADELL, NJ 07649

Title: MGR
Name: CHADWICK, HARRY A
Address: 800 KINDERKAMACK RD., #302
City-St-Zip: ORADELL, NJ 07649

Title: MGR
Name: LYONS, CHRISTOPHER M
Address: 18167 US HIGHWAY 19 N, STE 450
City-St-Zip: CLEARWATER, FL 33764

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: SUZANNE WHALEN

MGR

01/19/2012

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