2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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Entity Name: KENNEDY HEALTH INSURANCE PROVIDERS LLC

Current Principal Place of Business:

12032 SW KNIGHTSBRIDGE LN.
PORT ST. LUCIE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

12032 SW KNIGHTSBRIDGE LN.
PORT ST. LUCIE, FL 34987 US

New Mailing Address:

FEI Number: 27-0236698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNEDY, STACEY L
12032 SW KNIGHTSBRIDGE LN.
PORT ST. LUCIE, FL 34987 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: MGRM
Name: KENNEDY, STACEY L
Address: 12032 SW KNIGHTSBRIDGE LN.
City-St-Zip: PORT ST. LUCIE, FL 34987 US

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 Statues.

SIGNATURE: STACEY KENNEDY MGRM 03/30/2010

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