

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000055912

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** 123 HEALTH PLAN BOCA, LLC

**Current Principal Place of Business:**

700 BANYAN TRAIL  
SUITE 200  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

5300 BROKEN SOUND BLVD NW  
SUITE 200  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

700 BANYAN TRAIL  
SUITE 200  
BOCA RATON, FL 33431 US

**New Mailing Address:**

5300 BROKEN SOUND BLVD NW  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** 27-0329884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHATZ, SAMUEL G  
700 BANYAN TRAIL  
SUITE 200  
BOCA RATON, FL 33431 US

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

SHATZ, SAMUEL G  
5300 BROKEN SOUND BLVD NW  
SUITE 200  
BOCA RATON, FL 33431 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:

04/02/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ICAN BENEFIT GROUP, LLC  
**Address:** 5300 BROKEN SOUND BLVD, SUITE 200  
**City-St-Zip:** BOCA RATON, FL 33487 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 Statutes.

SIGNATURE: ICAN BENEFIT GROUP, LLC

MGRM

04/02/2012

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