

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120712

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** HEALTHPLAN DATA SOLUTIONS, LLC

**Current Principal Place of Business:**

2910 NORTHWEST 25TH TERRACE  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

7491 NORTH FEDERAL HWY  
C5-265  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 27-2317602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILBERSTEIN, FRED P MR  
2910 NW 25TH TERRACE  
BOCA RATON, FL 33434 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:** SARBOK, DETLEF W MR  
**Address:** 7491 NORTH FEDERAL HWY C5-265  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** MGRM  
**Name:** WRIGHT, HAROLD E MR  
**Address:** 7491 NORTH FEDERAL HWY C5-265  
**City-St-Zip:** BOCA RATON, FL 33487

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:** DETLEF W SARBOK JR

MR

03/21/2012

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