

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90109 039 \*\*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M01000001344**

1. Entity Name  
**SUN HEALTHPLAN, LLC**



Principal Place of Business  
**5200 TOWN CENTER CIRCLE #470  
BOCA RATON, FL 33486**

Mailing Address  
**5200 TOWN CENTER CIRCLE #470  
BOCA RATON, FL 33486**



2. Principal Place of Business

3. Mailing Address

04272004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2324180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEDER, MARC J  
5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KROUSE, RODGER R  
5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**KEVIN J CALHOUN**

**4/30/04 561-394-0550**

attachment 24002412  
# m01000001344

**LIST OF OFFICERS & MANAGERS OF  
SUN HEALTHPLAN, LLC  
(a Delaware limited liability company)**

November 14, 2003

The named individuals listed below are elected or appointed officers of the Company, and each holds the office of the Company set forth opposite their name, and each has held such office since June 7, 2001, unless otherwise indicated. The business address for the following Officers and Directors is 5200 Town Center Circle, Suite 470, Boca Raton, Florida 33486:

<b>MANAGER, CO-CHAIRMAN,</b>	
<b>CO-CEO &amp; SECRETARY:</b>	Rodger R. Krouse
<b>MANAGER, CO-CHAIRMAN,</b>	
<b>CO-CEO &amp; TREASURER:</b>	Marc J. Leder
<b>VICE PRESIDENT:</b>	Michael Kalb
<b>VICE PRESIDENT:</b>	Clarence E. Terry
<b>VICE PRESIDENT:</b>	M. Steven Liff
<b>VICE PRESIDENT:</b>	Kevin Calhoun
<b>VICE PRESIDENT AND</b>	
<b>ASSISTANT SECRETARY:</b>	C. Deryl Couch