2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# M01000001344

Entity Name: SUN HEALTHPLAN, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE #470
BOCA RATON, FL 33486

New Principal Place of Business:

5200 TOWN CENTER CIRCLE #600
BOCA RATON, FL 33486

Current Mailing Address:

5200 TOWN CENTER CIRCLE #470
BOCA RATON, FL 33486

New Mailing Address:

5200 TOWN CENTER CIRCLE #600
BOCA RATON, FL 33486

FEI Number: 52-2324180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	CEOT	( ) Delete
Name:	LEDER, MARC J	
Address:	5200 TOWN CENTER CIRCLE, SUITE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	CEOS	(X) Delete
Name:	KROUSE, RODGER R	
Address:	5200 TOWN CENTER CIRCLE, SUITE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	VP	(X) Delete
Name:	TERRY, CLARENCE E	
Address:	5200 TOWN CENTER CIRCLE, SUITE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	VP	(X) Delete
Name:	KING, THOMAS S	
Address:	5200 TOWN CENTER CIRCLE, SUITE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	VP	(X) Delete
Name:	METZ, CHRIS	
Address:	5200 TOWN CENTER CIRCLE, SUITE 470	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	VP	(X) Delete
Name:	KREILEIN, DAVID	
Address:	5200 TOWN CENTER CIRCLE, SUITE 470	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	SUN CAPITAL PARTNERS, II, LP	
Address:	5200 TOWN CENTER CIRCLE, SUITE 600	
City-St-Zip:	BOCA RATON, FL 33486	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JENNIFER SPANGLER POA 05/01/2008

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