

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000122

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SELF INSURED PLANS, L.L.C.

**Current Principal Place of Business:**

1016 COLLIER CENTER WAY  
200  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1016 COLLIER CENTER WAY  
200  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 36-4045989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RASNICK, STEPHEN F  
1016 COLLIER CENTER WAY  
200  
NAPLES, FL 34110 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: MGR  
Name: RASNICK, STEPHEN F  
Address: 1016 COLLIER CENTER WAY, ST 200  
City-St-Zip: NAPLES, FL 34110

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: STEPHEN F RASNICK

MGR

01/06/2010

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