2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 19, 2011
Secretary of State

DOCUMENT# P02000131907

Entity Name: HEALTHCARE PLANS, INC.

Current Principal Place of Business:

4300 N UNIVERSITY DRIVE
E-106
LAUDERHILL, FL 33351

New Principal Place of Business:

3495 NORTH HIATUS RD
STE 201
SUNRISE, FL 33351

Current Mailing Address:

4300 N UNIVERSITY DRIVE
E-106
LAUDERHILL, FL 33351

New Mailing Address:

3495 NORTH HIATUS RD
STE 201
SUNRISE, FL 33351

FEI Number: 56-2306863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONATHAN, SILVERSTEIN
4300 N UNIVERSITY DRIVE
E-106
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

JONATHAN, SILVERSTEIN
3495 NORTH HIATUS RD
STE 201
SUNIRSE, FL 33351 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: JONATHAN SILVERSTEIN 05/19/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SILVERSTEIN, STEVEN
Address: 3495 NORTH HIATUS RD #201
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN SILVERSTEIN P 05/19/2011
Electronic Signature of Signing Officer or Director Date