
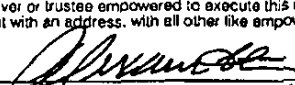


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4.

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90190 019 ***150.00

DOCUMENT # P04000048800 1. Entity Name HEALTHSUN HEALTH PLANS, INC.					
Principal Place of Business C/O NARC H. AUERBACH, ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131			Mailing Address C/O NARC H. AUERBACH, ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AUERBACH, MARC H 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			DIP Alexandra Fuster 1205 S.W. 37th Ave, #201 Miami, FL 33135		
			D/VP Claudio Alvarez 1205 S.W. 37th Ave, #201 Miami, FL 33135		
			Ramon Corona 1205 S.W. 37th Ave, #201 Miami, FL 33135		
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/15/2005 Daytime Phone #: 305-448-8100		

66021141



01182005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0982649** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**