


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90037 004 \*\*\*150.00

<b>DOCUMENT # P04000048800</b>	
1. Entity Name <b>HEALTHSUN HEALTH PLANS, INC.</b>	

Principal Place of Business <b>C/O MARC H. AUERBACH, ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131</b>	Mailing Address <b>C/O MARC H. AUERBACH, ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131</b>
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**50002010**



2. Principal Place of Business - No P.O. Box # <b>200 S. Biscayne Blvd.</b>	3. Mailing Address <b>200 S. Biscayne Blvd.</b>
Suite, Apt. #, etc. <b>Suite # 3900</b>	Suite, Apt. #, etc. <b>Suite # 3900</b>
City & State	City & State

02122008 Chg-P CR2E034 (12/06)

Zip	Country	Zip	Country
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4. FEI Number <b>20-0982649</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>AUERBACH, MARC H 201 S BISCAYNE BLVD SUITE 2000 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Blvd.</b> <b>Suite # 3900</b> City <b>FL</b> Zip Code	
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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. <b>SIGNATURE: Marc Auerbach</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FUSTER, ALEXANDER 1205 SW 37TH AVENUE, #201 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ALVAREZ, CLAUDIO 1205 SW 37TH AVENUE, #201 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CORONA, RAMON 1205 SW 37TH AVENUE, #201 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.	
<b>SIGNATURE:</b> <b>Manuel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/14/08</b> <b>305 448 8100</b> <small>Date Daytime Phone #</small>