

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056190

**Entity Name:** HEALTHSUN HEALTH PLANS, LLC

**Current Principal Place of Business:**

C/O ALEXANDER FUSTER, MANAGER  
3250 MARY STREET #400  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

C/O ALEXANDER FUSTER, MANAGER  
3250 MARY STREET #400  
COCONUT GROVE, FL 33133 US

**FEI Number:** 20-0660407

**Certificate of Status Desired:** No

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

FUSTER, ALEXANDER  
3250 MARY STREET #400  
COCONUT GROVE, FL 33133 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name FUSTER, ALEXANDER  
Address 3250 MARY STREET #400  
City-State-Zip: COCONUT GROVE FL 33133

Title MGR  
Name CORONA, RAMON  
Address 3250 MARY STREET #400  
City-State-Zip: COCONUT GROVE FL 33133

Title MGR  
Name ALVAREZ, CLAUDIO  
Address 3250 MARY STREET #400  
City-State-Zip: COCONUT GROVE FL 33133

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAMON CORONA

**DIRECTOR**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date