2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2013
Secretary of State
CC2300515987

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Entity Name: MEDICARE ADVANTAGE PLAN SERVICES, LLC

Current Principal Place of Business:

905 E. MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689

Current Mailing Address:

905 E. MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 US

FEI Number: 20-5883301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, CLINT R
905 E. MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 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	NELSON, CLINT R
Address	905 E. MLK DRIVE, SUITE 400
City-State-Zip:	TARPON SPRINGS FL 34689

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLINT R NELSON CEO 03/21/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date