

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000110207

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

**SIGNATURE:** CLINT R NELSON

**MGR**

**04/17/2017**

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

\_\_\_\_\_  
Date