

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055912

**Entity Name:** 123 HEALTH PLAN BOCA, LLC

**Current Principal Place of Business:**

5300 BROKEN SOUND BLVD NW  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

5300 BROKEN SOUND BLVD NW  
SUITE 200  
BOCA RATON, FL 33487 US

**FEI Number:** 27-0329884

**Certificate of Status Desired:** No

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

SHATZ, SAMUEL G  
5300 BROKEN SOUND BLVD NW  
SUITE 200  
BOCA RATON, FL 33431 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 MGRM  
Name ICAN BENEFIT GROUP, LLC  
Address 5300 BROKEN SOUND BLVD, SUITE  
200  
City-State-Zip: BOCA RATON FL 33487

*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:** ICAN BENEFIT GROUP, LLC

MGRM

04/12/2013

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

\_\_\_\_\_  
Date