

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000060285

Entity Name: HEALTH BENEFITS ONE LLC

Current Principal Place of Business:

3325 S. UNIVERSITY DR.
SUITE 210
DAVIE, FL 33328

Current Mailing Address:

3325 S. UNIVERSITY DR.
SUITE 210
DAVIE, FL 33328

FEI Number: 45-5202195

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEWAK, MATTHEW E
3325 S. UNIVERSITY DR.
SUITE 210
DAVIE, FL 33328 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 SPIEWAK, MATTHEW E
Address 3325 S. UNIVERSITY DR. SUITE 210
City-State-Zip: DAVIE FL 33328

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: MATTHEW SPIEWAK

MGRM

03/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date