

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004867

Entity Name: HEALTHPLANCRM, LLC

Current Principal Place of Business:

71 LIGHTHOUSE ROAD
SUITE 230
HILTON HEAD, SC 29928

Current Mailing Address:

71 LIGHTHOUSE ROAD
SUITE 230
HILTON HEAD, SC 29928

FEI Number: 20-5642179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 COO
Name PHILLIPS, PATRICK
Address 71 LIGHTHOUSE ROAD, SUITE 230
City-State-Zip: HILTON HEAD SC 29928

Title ACCT
Name FARBER, AMY
Address 71 LIGHTHOUSE ROAD, SUITE 230
City-State-Zip: HILTON HEAD FL 29928

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: AMY FARBER

ACCOUNTANT

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date