

No. W 167384	Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEALTH BENEFITS ONE LLC MATTHEW SPIEWAK 2 OAKWOOD BLVD STE 100 HOLLYWOOD FL 33020		INCORPORATING SERVICES, LTD. 1201 N LIBERTY ST STE 917 BOISE ID 83704			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	STEVE DORFMAN	2 OAKWOOD BLVD. STE 100	HOLLYWOOD	FL	USA	33020
MANAGER	MATTHEW SPIEWAK	2 OAKWOOD BLVD. STE 100	HOLLYWOOD	FL	USA	33020
5. Organized Under the Laws of: FL W 167384	6. Annual Report must be signed.* Signature: Mathew Spiewak Name (type or print): Mathew Spiewak		Date: 06/28/2017 Title: Manager			
Processed 06/28/2017		* Electronically provided signatures are accepted as original signatures.				