

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000009473

1. Entity Name

**FLORIDA HEALTH PLAN HOLDINGS, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR -8 PM 3:08

WL  
3/8

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**300 South Park Road**

Suite, Apt. #, etc.

3. Mailing Address

**300 South Park Road**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Hollywood, FL**

City & State

**Hollywood, FL**

4. FEI Number

**59-3775373**

Applied For

Not Applicable

Zip

**33021**

Country

**U.S.**

Zip

**33021**

Country

**U.S.**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Cohen, Gerald M.**

Street Address (P.O. Box Number is Not Acceptable)

**300 South Park Road**

City

**Hollywood,**

**FL**

Zip Code

**33021**

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**100005108801--0**

**-03/14/02--01072--002**

**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PCD  
Scott, Steven M., M.D.  
2828 Croasdaile Drive  
Durham, NC 27705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
Wegner, Anita  
2828 Croasdaile Drive  
Durham, NC 27705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
King, Felicia  
2828 Croasdaile Drive  
Durham, NC 27705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T DELETE  
Joyce, Drew  
2828 Croasdaile Drive  
Durham, NC 27705**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

*St m. Scott*

**Steven M. Scott, M.D. 3-6-02 (800) 476-4587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)