

#50

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 FEB -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182005 Chg-LLC CR2E083 (10/03) *MRS*

DOCUMENT # L00000009473					
1. Entity Name FLORIDA HEALTH PLAN HOLDINGS, L.L.C.					
Principal Place of Business 300 SOUTH PARK RD. HOLLYWOOD, FL 33021			Mailing Address 300 SOUTH PARK RD. HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3665373	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, GERALD M 300 SOUTH PARK RD. HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, STEVEN M MD		NAME	STEVEN M. SCOTT, MD	
STREET ADDRESS	2828 CROASDAILE DR.		STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM, NC 277052430		CITY-ST-ZIP	DURHAM, NC 27705	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ANITA S. WEGNER	
STREET ADDRESS			STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP			CITY-ST-ZIP	DURHAM, NC 27705	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	FELICIA KING	
STREET ADDRESS			STREET ADDRESS	300 S PARK RD	
CITY-ST-ZIP			CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Anita S. Wegner</i>		Anita S. Wegner, Sec		01/20/05 919-425-1500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	