

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90011 003 ****50.00

DOCUMENT # L00000009473

1. Entity Name
FLORIDA HEALTH PLAN HOLDINGS, L.L.C.



Principal Place of Business Mailing Address
300 SOUTH PARK RD. 300 SOUTH PARK RD.
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

20024598



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3665373** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PCD						
	SCOTT, STEVEN M MD						
	2828 CROASDAILE DR.						
	DURHAM NC 27705-2430						
	S						
	WEGNER, ANITA S						
	2828 CROASDAILE DR.						
	DURHAM NC 27705-2430						
	T						
	KING, FELECIA						
	2828 CROASDAILE DR.						
	DURHAM NC 27705						

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: *Anita S Wegner* SIGNATURE REQUIRED *Anita S Wegner* 1-31-03 919-768-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)