

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # *101 000000 984*

1. Entity Name
Florida Health Plan Holdings, II, L.L.C.

Principal Place of Business: **300 South Park Road, Hollywood, FL 33021**
Mailing Address: **Same**

2. Principal Place of Business: **Same**
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Mailing Address: **Same**
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: Applied For
 Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
Cathi C. Wilkinson
215 S. Monroe Street, 2nd Floor
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name: **Gerald M. Cohen**
Street Address (P.O. Box Number is Not Acceptable): **300 South Park Road**
City: **Hollywood** FL Zip Code: **33021**

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]* **Gerald M. Cohen, Registered Agent** *4/26/01*
(NOTE: Registered Agent signature required when reinstating) (DATE)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004275778--3
-05/22/01--01032--014
*******55.00 *****55.00**

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|--|---------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Steven M. Scott, M.D. 2828 Croasdaile Drive Durham, NC 27705-2430 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | President Steven M. Scott, M.D. 2828 Croasdaile Drive Durham, NC 27705-2430 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | Treasurer Drew Joyce 2828 Croasdaile Drive Durham, NC 27705-2430 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | Secretary Anita S. Wegner 2828 Croasdaile Drive Durham, NC 27705-2430 |
| | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **Steven M. Scott, M.D., Mgr.** 1-800-476-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #

CR2E083 (11/00)