

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

02 MAR 19 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000984

1. Entity Name

FLORIDA HEALTH PLAN HOLDINGS II, 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

Zip

Country

Zip

Country

4. FEI Number

59-3726528

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, GERALD M  
300 SOUTH PARK RD.  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
Due By May 1, 2002

200005136562--3  
-03/20/02--01044--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME  Delete  
P SCOTT, STEVEN M M.D.  
STREET ADDRESS 2828 CROASDAILE DR.  
CITY-ST-ZIP DURHAM NC 27705-2430

TITLE NAME  Change  Addition  
PCD Scott, Steven M., M.D.  
STREET ADDRESS 2828 Croasdaile Dr.  
CITY-ST-ZIP Durham, NC 27705-2430

TITLE NAME  Delete  
T JOYCE, DREW  
STREET ADDRESS 2828 CROASDAILE DR.  
CITY-ST-ZIP DURHAM NC 27705-2430

TITLE NAME  Change  Addition

TITLE NAME  Delete  
T WEGNER, ANITA S  
STREET ADDRESS 2828 CROASDAILE DR.  
CITY-ST-ZIP DURHAM NC 27705-2430

TITLE NAME  Change  Addition  
S Wegner, Anita S.  
STREET ADDRESS 2828 Croasdaile Dr.  
CITY-ST-ZIP Durham, NC 27705-2430

TITLE NAME  Delete

TITLE NAME  Change  Addition  
T King, Felicia  
STREET ADDRESS 2828 Croasdaile Dr.  
CITY-ST-ZIP Durham, NC 27705-2430

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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)*  
SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)