

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000984

FILED
Feb 26, 2004
Secretary of State

Entity Name: FLORIDA HEALTH PLAN HOLDINGS II, L.L.C.

Current Principal Place of Business:

300 SOUTH PARK RD.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

300 SOUTH PARK RD.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-3726528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: PCD () Delete
Name: SCOTT, STEVEN M M.D.
Address: 2828 CROASDAILE DR.
City-St-Zip: DURHAM, NC 277052430

Title: S (X) Delete
Name: WEGNER, ANITA S
Address: 2828 CROASDAILE DR.
City-St-Zip: DURHAM, NC 277052430

Title: T (X) Delete
Name: KING, FELICIA
Address: 2828 CROASDAILE DR.
City-St-Zip: DURHAM, NC 277052430

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCOTT, STEVEN M M.D.
Address: 2828 CROASDAILE DR.
City-St-Zip: DURHAM, NC 277052430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN M SCOTT, MD

MGR

02/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date