


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000036856</b> 1. Entity Name FLORIDA HEALTH PLAN ADMINISTRATORS, LLC	
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FILED  
06 MAR -1 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 300 S. PARK ROAD HOLLYWOOD, FL 33021	Mailing Address 300 S. PARK ROAD HOLLYWOOD, FL 33021
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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01182006 Chg-LLC CR2E083 (11/05)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 20-1130063	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  COHEN, GERALD M ESQ. 300 S. PARK ROAD HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME BERDING, RONALD J STREET ADDRESS 300 S PARK RD CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME James E. Buncher STREET ADDRESS 300 South Park Road CITY-ST-ZIP Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGR NAME GREENMAN, JACK S STREET ADDRESS 300 S PARK RD CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME Michael E. Gallagher STREET ADDRESS 300 South Park Road CITY-ST-ZIP Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGR NAME SCOTT, CHASE MARTIN STREET ADDRESS 271 COCONUT PALM RD CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE MGR NAME Joseph R. Driscoll STREET ADDRESS 300 South Park Road CITY-ST-ZIP Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE MGR NAME SCOTT, STEVEN M M.D. STREET ADDRESS 2828 CROASDAILE DR CITY-ST-ZIP DURHAM, NC 27705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  200067975572 03/16/06--01020--020 ***2250.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME WALLS, BERTRAM E M.D. STREET ADDRESS 2828 CROASDAILE DR CITY-ST-ZIP DURHAM, NC 27705	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Steven M. Scott, M.D. *Steven M. Scott, M.D., manager* 02-17-06 919-425-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #