


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90461 008 ****50.00

DOCUMENT # L04000036856

1. Entity Name
FLORIDA HEALTH PLAN ADMINISTRATORS, LLC



Principal Place of Business
**300 S. PARK ROAD
 HOLLYWOOD, FL 33021**

Mailing Address
**300 S. PARK ROAD
 HOLLYWOOD, FL 33021**

40037493



2. Principal Place of Business - No P.O. Box #
1340 Concord Terrace

3. Mailing Address
1340 Concord Terrace

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country

4. FEI Number
20-1130063

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, GERALD M ESQ.
 300 S. PARK ROAD
 HOLLYWOOD, FL 33021**

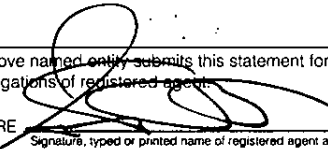
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1340 Concord Terrace

City **Sunrise** FL Zip Code **33323**

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  **Gerald M. Cohen** **2/21/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

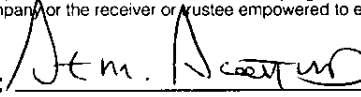
9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUNCHER, JAMES E 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, MICHAEL E 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRISCOLL, JOSEPH R 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, STEVEN M M.D. 2828 CROASDAILE DR DURHAM, NC 27705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLS, BERTRAM E M.D. 2828 CROASDAILE DR DURHAM, NC 27705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1340 Concord Terrace Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marcel Gamache 1340 Concord Terrace Sunrise, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1340 Concord Terrace Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1340 Concord Terrace Sunrise, FL 33323	<input checked="" 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Steven M. Scott, MGR** **03-10-07** **919-425-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #