

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036856

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FLORIDA HEALTH PLAN ADMINISTRATORS, LLC

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**New Principal Place of Business:**

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**New Mailing Address:**

FEI Number: 20-1130063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: CIANO, CHRISTOPHER A  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: MCDONOUGH, THOMAS P  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: BROUSSARD, KARL J  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: GUERTIN, SHAWN M  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: RIFAAT, HASSAN S  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: VP (X) Change ( ) Addition  
Name: BROUSSARD, KARL J  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: CFO (X) Change ( ) Addition  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

Title: S (X) Change ( ) Addition  
Name: SMITH, SHIRLEY R  
Address: 6705 ROCKLEDGE DRIVE  
City-St-Zip: BETHESDA, MD 20817

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHIRLEY R. SMITH

S

04/16/2009

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