

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036856

FILED
Apr 13, 2010
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: CEO
Name: CIANO, CHRISTOPHER A
Address: 6705 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: AT
Name: TUOZZO, MELINDA L
Address: 6705 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: VP
Name: WEISS, RICHARD
Address: 6705 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: CFO
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: S
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE DRIVE
City-St-Zip: BETHESDA, MD 20817

I hereby 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

SEC

04/13/2010

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