

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115297

FILED
Sep 02, 2009
Secretary of State

Entity Name: MANAGED CARE OF NORTH AMERICA OF KENTUCKY LLC

Current Principal Place of Business:

3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 26-3894604 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FEINGOLD, GLEN
3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

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: FEINGOLD, GLEN
Address: 3230 WEST COMMERCIAL BLVD SUITE 190
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

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: GLEN FEINGOLD

COO

09/02/2009

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