

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115297

**FILED**  
**Feb 15, 2011**  
**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:**

200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

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

**New Mailing Address:**

200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 US

FEI Number: 26-3894604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

FEINGOLD, GLEN  
200 WEST CYPRESS CREEK ROAD  
SUITE 500  
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: GLEN FEINGOLD

02/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FEINGOLD, GLEN  
Address: 200 WEST CYPRESS CREEK ROAD SUITE 500  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: GLEN FEINGOLD

COO

02/15/2011

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