2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

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Entity Name: AMERICA'S HEALTH PLAN REVENUE MANAGEMENT, LLC

Current Principal Place of Business:

5600 MARINER STREET
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5600 MARINER STREET
SUITE 200
TAMPA, FL 33609

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, BIJAL T
5403 NORTH CHURCH AVENUE
TAMPA, FL 33614 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
Name: PATEL, KIRAN C
Address: 5600 MARINER STREET, SUITE 200
City-St-Zip: TAMPA, FL 33609 US

Title: MGR
Name: PANARA, MITAL
Address: 620 ORANGEWOOD DR
City-St-Zip: DUNEDIN, FL 34698 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 Statues.

SIGNATURE: KIRAN C PATEL, MD MGR 03/29/2011

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