2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# M05000004978

Entity Name: ONENET PPO, LLC

Current Principal Place of Business:

4 TAFT COURT
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

9900 BREN ROAD EAST
LEGAL DEPARTMENT (MAIL STOP: MN008-T202)
MINNETONKA, MN 55343

New Mailing Address:

6300 OLSON MEMORIAL HIGHWAY
ATTN: CHERYL RICHARDSON MN010-E151
GOLDEN VALLEY, MN 55427

FEI Number: 52-2129786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MAMSI LIFE AND HEALT, H INSURANCE CO M PANY
Address: 4 TAFT COURT
City-St-Zip: ROCKVILLE, MD 20850

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 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: JUANITA B. LUIS MGR 01/04/2007

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