

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005486

FILED
Apr 25, 2012
Secretary of State

Entity Name: CENTURION MANAGED CARE OF FLORIDA, LLC

Current Principal Place of Business:

7700 FORSYTH BLVD
STE 800
ST LOUIS, MO 63105 US

New Principal Place of Business:

Current Mailing Address:

7700 FORSYTH BLVD
STE 800
ST LOUIS, MO 63105 US

New Mailing Address:

FEI Number: 90-0766502

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
Name: HUNTER, JESSE
Address: 7700 FORSYTH BLVD - STE 800
City-St-Zip: ST LOUIS, MO 63105 US

Title: MGR
Name: HARROLD, JASON
Address: 7700 FORSYTH BLVD - STE 800
City-St-Zip: ST LOUIS, MO 63105 US

Title: MGR
Name: MURRAY, CAMERON
Address: 7700 FORSYTH BLVD - STE 800
City-St-Zip: ST LOUIS, MO 63105 US

Title: MGR
Name: IMHOLZ, DONALD
Address: 7700 FORSYTH BLVD - STE 800
City-St-Zip: ST LOUIS, MO 63105 US

Title: MGR
Name: PINKERT, MICHAEL
Address: 7700 FORSYTH BLVD - STE 800
City-St-Zip: ST LOUIS, MO 63105 US

Title: MGR
Name: WHEELER, STEVE
Address: 7700 FORSYTH BLVD - STE 800
City-St-Zip: ST LOUIS, MO 63105 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: TRICIA DINKELMAN

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04/25/2012

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