

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000058220					
1. Entity Name HEALTHSPRING OF FLORIDA, INC.					
Principal Place of Business 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165 US		Mailing Address 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1129599	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAURY, ALBERT R 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165			Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324		
8. The above named entity submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		E.A. Wallace Assistant Secretary		DATE 5/5/08	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEON, BENJAMIN JR		NAME	See attached for new officers + directors	
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	EVCF	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EISEMAN, STUART		NAME		
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	VPO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEON, BENJAMIN III		NAME	500129231295	
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR		STREET ADDRESS	05/14/08--01005--013 **150.00	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE	VPMS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAURY, ALBERT R		NAME		
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331685		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEON, LOURDES		NAME		
STREET ADDRESS	11501 SOUTHWEST 40 STREET 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date 5/5/08		Daytime Phone # 832-553-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**Attachment to
2008 For Profit Corporation Annual Report
HealthSpring of Florida, Inc. d/b/a Leon Medical Centers Health Plans
#P0100058220**

11. Additions/Changes to Officers & Directors
Director/Chairman of the Board Fritch, Herbert A. 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
Director & Treasurer McNamara, Kevin M. 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
Director & Secretary Coil, Gerald V. 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
President & Chief Executive Officer Maury, Albert R. 11501 Southwest 40th Street, 2nd Floor Miami, FL 33165
Chief Financial Officer Pardo, Ann Mary 11501 Southwest 40th Street, 2nd Floor Miami, FL 33165
Stu Warren, Vice President 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
Chief Operational Officer Bauer, Cliff 11501 Southwest 40th Street, 2nd Floor Miami, FL 33165
Assistant Secretary Jordan, Teresa R.J. 2900 N. Loop West, Suite 1300 Houston, TX 77092
Assistant Secretary Barden, J. Gentry 9009 Carothers Parkway, Suite 501 Franklin, TN 37067