

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036856

**Entity Name:** FLORIDA HEALTH PLAN ADMINISTRATORS, LLC

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**Current Mailing Address:**

151 FARMINGTON AVENUE  
RW61  
HARTFORD, CT 06156 US

**FEI Number:** 20-1130063

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CIANO, CHRISTOPHER A.  
Address       6705 ROCKLEDGE DRIVE  
                  SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           MANAGER  
Name           FINKELMAN, ROBERT J.  
Address       6705 ROCKLEDGE DRIVE  
                  SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           MEMBER  
Name           AETNA HEALTH HOLDINGS, LLC  
Address       6705 ROCKLEDGE DRIVE  
                  SUITE 900  
City-State-Zip: BETHESDA MD 20817

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AETNA HEALTH HOLDINGS, LLC

MEMBER

04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date