

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036856

**FILED  
Apr 18, 2014  
Secretary of State  
CC7519585810**

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

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**FEI Number:** 20-1130063

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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            SECRETARY  
Name            LEE, EDWARD C.  
Address        6705 ROCKLEDGE DRIVE  
                  SUITE 900  
City-State-Zip: BETHESDA MD 20817

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

Title            MEMBER  
Name            RUHLMANN, JOHN J.  
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: EDWARD C. LEE**

**SECRETARY**

**04/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date