

2013 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:

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.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 CEO
Name CIANO, CHRISTOPHER A
Address 6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip: BETHESDA MD 20817

Title AT
Name TUOZZO, MELINDA L
Address 6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip: BETHESDA MD 20817

Title CFO
Name WEISS, RICHARD
Address 6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip: BETHESDA MD 20817

Title TREASURER
Name RUHLMANN, JOHN J
Address 6705 ROCKLEDGE DRIVE
SUITE 900
City-State-Zip: BETHESDA MD 20817

Title SEC
Name SMITH, SHIRLEY R
Address 6705 ROCKLEDGE DRIVE, SUITE 900
City-State-Zip: BETHESDA MD 20817

Title PRE
Name CIANO, CHRISTOPHER A
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY R SMITH

SECRETARY

03/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date