**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 29, 2018**
**Secretary of State**
**CC4845295874**

DOCUMENT# L07000061623

**Entity Name:** SMART CHOICE HEALTH PLANS, LLC

**Current Principal Place of Business:**

1408 NORTH WESTSHORE BLVD
SUITE 708
TAMPA, FL 33607

**Current Mailing Address:**

1408 NORTH WESTSHORE BLVD
SUITE 708
TAMPA, FL 33607 US

**FEI Number: 26-0339905**

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 | MEMBER | Title | AUTHORIZED REPRESENTATIVE |
| Name | ALERA GROUP, INC | Name | GREENBERG, BRYAN |
| Address | 3 PARKWAY NORTH<br>SUITE 500 | Address | 1408 NORTH WESTSHORE BLVD<br>SUITE 708 |
| City-State-Zip: | DEERFIELD IL 60015 | City-State-Zip: | TAMPA FL 33607 |

*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: BRYAN GREENBERG — AUTHORIZED REPRESENTATIVE — 03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date