

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115297

**Entity Name:** MANAGED CARE OF NORTH AMERICA OF KENTUCKY LLC

**Current Principal Place of Business:**

200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 26-3894604

**Certificate of Status Desired:** No

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

FEINGOLD, GLEN S  
200 WEST CYPRESS CREEK ROAD  
SUITE 500  
FORT LAUDERDALE, FL 33309 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:** GLEN FEINGOLD

02/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FEINGOLD, GLEN S  
Address        200 WEST CYPRESS CREEK ROAD  
                  SUITE 500  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** GLEN FEINGOLD

MANAGER

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date