

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036896

**Entity Name:** UNITED AMERICAN HEALTH PLAN LLC

**Current Principal Place of Business:**

8601 NW 34TH PLACE  
SUITE 106A  
SUNRISE, FL 33351

**Current Mailing Address:**

8601 NW 34TH PLACE  
SUITE 106A  
SUNRISE, FL 33351 US

**FEI Number:** 45-1145679

**Certificate of Status Desired:** No

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

UNIVERSAL ACCOUNTING & FINANCIAL SERVICES  
2787 E OAKLAND PARK BLVD  
SUITE 204  
FORT LAUDERDALE, FL 33306 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 MGRM  
Name HUSK, CLAYTON  
Address 8601 NW 34 PLACE, UNIT 106A  
City-State-Zip: SUNRISE FL 33351

Title MGRM  
Name ROMERO, MICHAEL  
Address 8601 NW 34 PLACE, UNIT 106A  
City-State-Zip: SUNRISE FL 33351

*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:** HUSK CLAYTON

MGRM

03/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date