

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005486

Entity Name: CENTURION MANAGED CARE OF FLORIDA, LLC**Current Principal Place of Business:**7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105**Current Mailing Address:**7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105 US**FEI Number:** 90-0766502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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 MANAGER
Name CAMPBELL, JOHN
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name HARROLD, JASON M.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name HUNTER, JESSE N.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name IMHOLZ, DONALD G.
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name MURRAY, CAMERON
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name PINKERT, MICHAEL
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title MANAGER
Name WHEELER, STEVE
Address 7700 FORSYTH BOULEVARD
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

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: JESSE N. HUNTER

MANAGER

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date