

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L 00000000 9473

1. Entity Name
Florida Health Plan Holdings, L.L.C.

Principal Place of Business
300 South Park Road
Hollywood, FL 33021

Mailing Address
Same

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
56-2242368

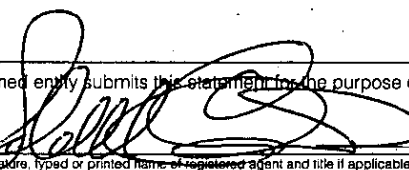
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
Cathi C. Wilkinson
215 S. Monroe Street, 2nd Floor
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name: Gerald M. Cohen
Street Address (P.O. Box Number is Not Acceptable): 300 South Park Road
City: Hollywood FL Zip Code: 33021

8. 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  Gerald M. Cohen, Registered Agent **4/26/01**

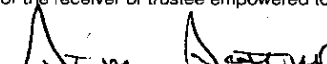
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004275779--0
-05/22/01--01032--015
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Steven M. Scott, M.D. 2828 Croasdaile Drive Durham, NC 27705-2430	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven M. Scott, M.D. 2828 Croasdaile Drive Durham, NC 27705-2430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Drew Joyce 2828 Croasdaile Drive Durham, NC 27705-2430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Anita S. Wegner 2828 Croasdaile Drive Durham, NC 27705-2430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE  Steven M. Scott, M.D., Mgr. **1-800-476-4587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/26/01** Daytime Phone #

CR2E083 (11/00)