

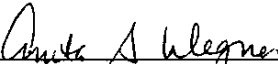


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009473 1. Entity Name FLORIDA HEALTH PLAN HOLDINGS, L.L.C.						FILED 06 MAR -1 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 300 SOUTH PARK RD. HOLLYWOOD, FL 33021				Mailing Address 300 SOUTH PARK RD. HOLLYWOOD, FL 33021			
2. Principal Place of Business		3. Mailing Address		 01182006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3665373				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent COHEN, GERALD M 300 SOUTH PARK RD. HOLLYWOOD, FL 33021			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCOTT, STEVEN M MD 2828 CROASDAILE DR. DURHAM, NC 277052430 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bertram E. Walls, M.D. 2828 Croasdaile Dr Durham, NC 27705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCOTT, STEVEN M M.D. 2828 CROASDAILE DR DURHAM, NC 27705 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR James E. Buncher 300 South Park Rd Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEGNER, ANITA S 2828 CROASDAILE DR DURHAM, NC 27705 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Michael E. Gallagher 300 South Park Rd Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KING, FELICIA 300 S PARK RD HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Joseph R. Driscoll 300 South Park Rd Hollywood, FL 33021 <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		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Anita S. Wegner, Secretary 02-17-06 919 425 1500			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	