


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50

DOCUMENT # L01000000984 1. Entity Name FLORIDA HEALTH PLAN HOLDINGS II, L.L.C.	
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FILED
05 FEB -7 PM 3:19
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01182005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 59-3726528	Applied For 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
FL Zip Code

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
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, STEVEN M M.D. 2828 CROASDAILE DR. DURHAM, NC 277052430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVEN M. SCOTT, MD 2828 CROASDAILE DR DURHAM, NC 27705 <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	S ANITA S. WEGNER 2828 CROASDAILE DR DURHAM, NC 27705 <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
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

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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: <u>Anita S. Wegner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Anita S. Wegner, Sec. Date	01/20-05 919-425-1500 Daytime Phone #
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