

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003705

Entity Name: FLORIDA MEDICAID SERVICES, LLC

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

12 FOREST LANE
EUSTIS, FL 32726 US

New Principal Place of Business:

508 LAKESHORE DRIVE
EUSTIS, FL 32726 US

Current Mailing Address:

12 FOREST LANE
EUSTIS, FL 32726 US

New Mailing Address:

508 LAKESHORE DRIVE
EUSTIS, FL 32726 US

FEI Number: 75-3003280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPNER, DIANA B MEMBER
12 FOREST LANE
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

HEPNER, DIANA B MEMBER
508 LAKESHORE DRIVE
EUSTIS, FL 32726 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: DIANA B. HEPNER

01/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HEPNER, THOMAS C
Address: 12 FOREST LANE
City-St-Zip: EUSTIS, FL 32726 US

Title: MGRM () Delete
Name: HEPNER, DIANA B ESQ.
Address: 12 FOREST LANE
City-St-Zip: EUSTIS, FL 32726 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEPNER, THOMAS C
Address: 508 LAKESHORE DRIVE
City-St-Zip: EUSTIS, FL 32726 US

Title: MGRM (X) Change () Addition
Name: HEPNER, DIANA B ESQ.
Address: 508 LAKESHORE DRIVE
City-St-Zip: EUSTIS, FL 32726 US

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 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.

SIGNATURE: DIANA B. HEPNER

MRGM

01/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date