

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000019391

FILED
Jun 25, 2010
Secretary of State

Entity Name: AMERICAN MANAGED CARE, LLC

Current Principal Place of Business:

100 CENTRAL AVE
SUITE 200
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 CENTRAL AVE
SUITE 200
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 81-0563552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PATEL, SANDIP I ESQ
100 CENTRAL AVE
SUITE 200
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: CEOP
Name: DESAI, AKSHAY M DR.
Address: 100 CENTRAL AVE , SUITE 200
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR
Name: DESAI, AKSHAY M DR
Address: 100 CENTRAL AVE , SUITE 200
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S
Name: PATEL, SANDIP I
Address: 100 CENTRAL AVE, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33701

Title: T
Name: SCHAEFER, STEVE
Address: 100 CENTRAL AVE, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33701

Title: CFO
Name: KANT, DENNIS
Address: 100 CENTRAL AVE, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33701

Title: COO
Name: O'DROBINAK, JAMES P
Address: 100 CENTRAL AVE, SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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: AKSHAY DESAI

MGR

06/25/2010

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