

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 08, 2011
Secretary of State

Entity Name: FLORIDA HEALTH PLAN ADMINISTRATORS, LLC

Current Principal Place of Business:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

6705 ROCKLEDGE DRIVE
SUITE 900
BETHESDA, MD 20817

New Mailing Address:

FEI Number: 20-1130063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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:

04/08/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: CIANO, CHRISTOPHER A
Address: 6705 ROCKLEDGE DRIVE, SUITE 900
City-St-Zip: BETHESDA, MD 20817

Title: AT
Name: TUOZZO, MELINDA L
Address: 6705 ROCKLEDGE DRIVE, SUITE 900
City-St-Zip: BETHESDA, MD 20817

Title: VP
Name: WEISS, RICHARD
Address: 6705 ROCKLEDGE DRIVE, SUITE 900
City-St-Zip: BETHESDA, MD 20817

Title: CFO
Name: RUHLMANN, JOHN J
Address: 6705 ROCKLEDGE DRIVE, SUITE 900
City-St-Zip: BETHESDA, MD 20817

Title: SEC
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE DRIVE, SUITE 900
City-St-Zip: BETHESDA, MD 20817

Title: PRE
Name: CIANO, CHRISTOPHER A
Address: 6705 ROCKLEDGE DRIVE, SUITE 900
City-St-Zip: BETHESDA, MD 20817

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: SHIRLEY R. SMITH

SEC

04/08/2011

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