

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068950

FILED
Mar 29, 2006
Secretary of State

Entity Name: SOUTH FLORIDA MANAGED CARE PARTNERSHIP, L.L.C.

Current Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY
410
SUNRISE, FL 33323

New Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY
435
SUNRISE, FL 33323

Current Mailing Address:

1560 SAWGRASS CORPORATE PKWY
410
SUNRISE, FL 33323

New Mailing Address:

1560 SAWGRASS CORPORATE PKWY
435
SUNRISE, FL 33323

FEI Number: 77-0657781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RELIASERVE, L.L.C.
1560 SAWGRASS CORP. PKWY
410
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

LYNCH, MICHAEL P
1560 SAWGRASS CORP. PKWY
435
SUNRISE, FL 33323 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: MICHAEL LYNCH

03/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYNCH, MICHAEL P
Address: 3023 SW 141 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: BARALT, JOAQUIN
Address: 13505 SW 104 TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL LYNCH

PRES

03/29/2006

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