2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068950

FILED Apr 28, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY 12401 ORANGE DRIVE

435 213

SUNRISE, FL 33323 DAVIE, FL 33330

Current Mailing Address: New Mailing Address:

1560 SAWGRASS CORPORATE PKWY 12401 ORANGE DRIVE

35 212

SUNRISE, FL 33323 DAVIE, FL 33330

FEI Number: 77-0657781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYNCH, MICHAEL P
1560 SAWGRASS CORP. PKWY
435

LYNCH, MICHAEL P
12401 ORANGE DRIVE
212

SUNRISE, FL 33323 US DAVIE, FL 33330 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: 04/28/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LYNCH, MICHAEL P
 Name:

 Address:
 3023 SW 141 TERRACE
 Address:

 City-St-Zip:
 DAVIE, FL 33330
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BARALT, JOAQUIN
 Name:

 Address:
 13505 SW 104 TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/28/2007