

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068950

FILED  
Apr 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

12401 ORANGE DRIVE  
213  
DAVIE, FL 33330

**New Principal Place of Business:**

12355 SW 129TH COURT  
12  
MIAMI, FL 33186

**Current Mailing Address:**

12401 ORANGE DRIVE  
212  
DAVIE, FL 33330

**New Mailing Address:**

12355 SW 129TH COURT  
12  
MIAMI, FL 33186

**FEI Number:** 77-0657781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LYNCH, MICHAEL P  
12401 ORANGE DRIVE  
212  
DAVIE, FL 33330 US

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

BARALT, JOAQUIN  
12355 SW 129TH COURT  
12  
MIAMI, FL 33186 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:** JOAQUIN BARALT

04/29/2008

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

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BLUEMED CONSULTANTA, LLC  
**Address:** 12355 SW 129TH CT SUITE 12  
**City-St-Zip:** MIAMI, FL 33186

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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:** JOAQUIN BARALT

MR

04/29/2008

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