

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068950

FILED  
Mar 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12355 SW 129TH COURT  
12  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12355 SW 129TH COURT  
12  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 77-0657781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BARALT, MARIA  
13505 SW 104TH TERRACE  
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: MARIA BARALT

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARALT, MARIA  
Address: 13505 SW 104TH TERRACE  
City-St-Zip: MIAMI, FL 33186

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

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: MARIA BARALT

MGRM

03/10/2009

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