

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068950

**FILED**  
**Mar 28, 2010**  
**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:**

10801 SW 62 AVE  
PINECREST, FL 33156

**Current Mailing Address:**

12355 SW 129TH COURT  
12  
MIAMI, FL 33186

**New Mailing Address:**

11767 S. DIXIE HIGHWAY  
313  
PINECREST, FL 33156

**FEI Number:** 77-0657781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BARALT, MARIA  
13505 SW 104TH TERRACE  
MIAMI, FL 33186 US

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

BARALT, MARIA C  
11767 S. DIXIE HIGHWAY  
313  
PINECREST, FL 33156 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 C. BARALT

03/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARALT, MARIA  
Address: 10801 SW 62 AVE  
City-St-Zip: PINECREST, FL 33156

Title: MGRM  
Name: BARALT, JOAQUIN  
Address: 10801 SW 62 AVE  
City-St-Zip: PINECREST, FL 33156

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: JOAQUIN BARALT

MGRM

03/28/2010

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