

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057277

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** AFFORDABLE FAMILY HEALTH PLANS, LLC

**Current Principal Place of Business:**

13831 S DIXIE HWY  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

13839 S. DIXIE HIGHWAY  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 20-4992188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIGUERAS, JUAN E  
7050 SW 86 AVENUE  
MIAMI, FL 33143 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTINEZ, ARIEL  
Address: 13839 S. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete  
Name: GRACIA, JORGE  
Address: 13839 S. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM ( ) Delete  
Name: FIGUERAS, JUAN E  
Address: 13839 S. DIXIE HIGHWAY  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES:**

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

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 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: ARIEL MARTINEZ

MGRM

04/08/2009

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