

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057277

**FILED**  
**Mar 09, 2011**  
**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:**

6881 SW 130 TERR  
MIAMI, FL 33156 US

**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  
**Name:** MARTINEZ, ARIEL  
**Address:** 13839 S. DIXIE HIGHWAY  
**City-St-Zip:** MIAMI, FL 33176 US

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

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

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:** ARIEL MARTINEZ

MGRM

03/09/2011

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