

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059399

FILED
Feb 17, 2009
Secretary of State

Entity Name: MEDICARE ADVANTAGE PLANS OF FLORIDA, LLC

Current Principal Place of Business:

10150 BELLE RIVE BLVD.
1003
JACKSONVILLE, FL 32256

New Principal Place of Business:

370 MOORINGS COVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

9838 OLD BAYMEADOWS ROAD
PMB 206
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-2810917 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MITCHELL, BROOKS M
10150 BELLE RIVE BLVD.
1003
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MITCHELL, BROOKS M
9838 OLD BAYMEADOWS ROAD.
PMB 206
JACKSONVILLE, FL 32256 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: BROOKS MITCHELL

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MITCHELL, BROOKS M
Address: 10150 BELLE RIVE BLVD, APT 1003
City-St-Zip: JACKSONVILLE, FL 32256 DU

Title: MGR () Delete
Name: MITCHELL, OLGA
Address: 10150 BELLE RIVE BLVD, APT 1003
City-St-Zip: JACKSONVILLE, FL 32256 DU

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MITCHELL, BROOKS M
Address: 9838 OLD BAYMEADOWS ROAD. PMB 206
City-St-Zip: JACKSONVILLE, FL 32256 DU

Title: MGR (X) Change () Addition
Name: MITCHELL, OLGA
Address: 9838 OLD BAYMEADOWS ROAD. PMB 206
City-St-Zip: JACKSONVILLE, FL 32256 DU

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: BROOKS MITCHELL

MEMB

02/17/2009

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