

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059399

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** MEDICARE ADVANTAGE PLANS OF FLORIDA, LLC

**Current Principal Place of Business:**

370 MOORINGS COVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

10150 BELLE RIVE BLVD  
# 901  
JACKSONVILLE, FL 32256

**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 ( )**

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

MITCHELL, BROOKS M  
9838 OLD BAYMEADOWS ROAD.  
PMB 206  
JACKSONVILLE, FL 32256 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:** MGR  
**Name:** MITCHELL, BROOKS M  
**Address:** 10150 BELLE RIVE BLVD., APT 901  
**City-St-Zip:** JACKSONVILLE, FL 32256 DU

**Title:** MGR  
**Name:** MITCHELL, OLGA  
**Address:** 10150 BELLE RIVE BLVD., APT 901  
**City-St-Zip:** JACKSONVILLE, FL 32256 DU

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: BROOKS MITCHELL      MGR      03/30/2010

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