

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115297

FILED
Feb 15, 2011
Secretary of State

Entity Name: MANAGED CARE OF NORTH AMERICA OF KENTUCKY LLC

Current Principal Place of Business:

3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

200 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

200 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309 US

FEI Number: 26-3894604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEINGOLD, GLEN
3230 WEST COMMERCIAL BLVD
SUITE 190
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

FEINGOLD, GLEN
200 WEST CYPRESS CREEK ROAD
SUITE 500
FORT LAUDERDALE, FL 33309 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: GLEN FEINGOLD

02/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FEINGOLD, GLEN
Address: 200 WEST CYPRESS CREEK ROAD SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309 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: GLEN FEINGOLD

COO

02/15/2011

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