

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085765

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** AMERICA'S HEALTH PLAN REVENUE MANAGEMENT, LLC

**Current Principal Place of Business:**

5600 MARINER STREET  
SUITE 200  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5600 MARINER STREET  
SUITE 200  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PATEL, BIJAL T  
5403 NORTH CHURCH AVENUE  
TAMPA, FL 33614    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: PATEL, KIRAN C  
Address: 5600 MARINER STREET, SUITE 200  
City-St-Zip: TAMPA, FL 33609 US

Title: MGR  
Name: PANARA, MITAL  
Address: 620 ORANGEWOOD DR  
City-St-Zip: DUNEDIN, FL 34698 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: KIRAN C PATEL, MD

MGRM

03/17/2010

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