

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000001013

Entity Name: FLORIDA HEALTH, L.C.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

1250 E. COPELAND ROAD  
SUITE 1200  
ARLINGTON, TX 76006

## New Principal Place of Business:

## Current Mailing Address:

2273 RESEARCH BLVD.  
4TH FLOOR  
ROCKVILLE, MD 20850

## New Mailing Address:

FEI Number: 59-3353121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN RD.  
ORLANDO, FL 32811 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 ( ) Delete  
Name: PROAMERICA MANAGED C, ARE, INC.  
Address: 2273 RESEARCH BLVD., 4TH FLOOR  
City-St-Zip: ROCKVILLE, MD 20850

Title: P ( ) Delete  
Name: EUBIN, DONALD  
Address: 115 FIFTH AVENUE 7TH FL  
City-St-Zip: NEW YORK, NY 100031004

Title: T ( ) Delete  
Name: GERSKIN, RICHARD  
Address: 115 FIFTH AVENUE, 7TH FL  
City-St-Zip: NEW YORK, NY 100031004

Title: S (X) Delete  
Name: KELLER, MARCY  
Address: 115 FIFTH AVENUE, 7TH FL  
City-St-Zip: NEW YORK, NY 100031004

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FELLER, MARCY E S  
Address: 115 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10003 US

Title: MGR (X) Change ( ) Addition  
Name: GERSTEIN, RICHARD T  
Address: 115 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10003 US

Title: D (X) Change ( ) Addition  
Name: TABAK, MARK P  
Address: 115 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10003

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCY E FELLER

MGR

04/24/2007

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