

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90031 008 ****50.00

DOCUMENT # L97000000750

1. Entity Name
FLORIDA WELLCARE ALLIANCE, L.C.



Principal Place of Business

~~411 W. HIGHLAND BLVD.~~
~~INVERNESS, FL 34452~~

Mailing Address

~~411 W. HIGHLAND BLVD.~~
~~INVERNESS, FL 34452~~



2. Principal Place of Business - No P.O. Box #

3264 W. Audubon Park Path
Suite, Apt. #, etc.

3. Mailing Address

3264 W. Audubon Park Path
Suite, Apt. #, etc.

01042007 Chg-LLC CR2E083 (12/06)

City & State

Lecanto, FL

City & State

Lecanto, FL

4. FEI Number
59-3459306

Applied For
Not Applicable

Zip

34461

Country

US

Zip

34461

Country

US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, KEVIN K
161 E HIGHLAND BLVD
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUENO, FERNANDO 411 W HIGHLAND BLVD INVERNESS, FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRILLO, DENIS 411 W. HIGHLAND BLVD. INVERNESS, FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, VIKRAM 411 W. HIGHLAND BLVD INVERNESS, FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, JOSEPH 411 W. HIGHLAND BLVD INVERNESS, FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSALACQUA, DOMINICK J 411 W. HIGHLAND BLVD INVERNESS, FL 34452	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROWDA, JOHN 411 W. HIGHLAND BLVD INVERNESS, FL 34452	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
3264 W. Audubon Park Path Lecanto, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
3264 W. Audubon Park Path Lecanto, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
3264 W Audubon Park Path Lecanto, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
3264 W. Audubon Park Path Lecanto, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
3264 W. Audubon Park Path Lecanto, FL 34461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
3264 W. Audubon Park Path Lecanto, FL 34461	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dominick J. Passalacqua 1/4/2007

Date

352 746-5111

Daytime Phone #