


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90146 015 ***138.75

DOCUMENT # L97000000750	
1. Entity Name FLORIDA WELLCARE ALLIANCE, L.C.	

Principal Place of Business 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461	Mailing Address 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032008 Chg-LLC CR2E083 (12/06)

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) 210 W. Highland Blvd City Inverness FL Zip Code 34452
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUENO, FERNANDO 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRILLO, DENIS 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, VIKRAM 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fallows, Mark L. 3264 W. Audubon Park Path Lecanto, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, JOSEPH 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSALACQUA, DOMINICK J 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcus, Jeffrey 3264 W. Audubon Park Path Lecanto, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROWDA, JOHN 3264 WEST AUDUBON PARK PATH LECANTO, FL 34461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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

(Date)

Daytime Phone #

1-8-08

352-746-5111