2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L97000000750

Entity Name: FLORIDA WELLCARE ALLIANCE, L.C.

Current Principal Place of Business:

3264 WEST AUDUBON PARK PATH
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

3264 WEST AUDUBON PARK PATH
LECANTO, FL 34461

New Mailing Address:

FEI Number: 59-3459306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, KEVIN K
210 W HIGHLAND BLVD
INVERNESS, FL 34452 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:	BUENO, FERNANDO	
Address:	3264 WEST AUDUBON PARK PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	VC	( ) Delete
Name:	GRILLO, DENIS	
Address:	3264 WEST AUDUBON PARK PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	C	( ) Delete
Name:	FALLOWS, MARK C	
Address:	3264 W AUDUBON PARK PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	T	( ) Delete
Name:	BENNETT, JOSEPH	
Address:	3264 WEST AUDUBON PARK PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	S	( ) Delete
Name:	JEFFREY, MARCUS	
Address:	3264 W AUDUBON PARK PATH	
City-St-Zip:	LECANTO, FL 34461	
Title:	MGRM	( ) Delete
Name:	ROWDA, JOHN	
Address:	3264 WEST AUDUBON PARK PATH	
City-St-Zip:	LECANTO, FL 34461	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK C. FALLOWS, D.O. C 01/06/2009

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