2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# L97000000750

Entity Name: FLORIDA WELLCARE ALLIANCE, L.C.

Current Principal Place of Business:

1245 E NORVELL BRYANT HIGHWAY
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

1245 E NORVELL BRYANT HIGHWAY
HERNANDO, FL 34442

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: C
Name: FALLOWS, MARK D.O.
Address: 1245 E. NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442

Title: VC
Name: GRILLO, DENIS D.O.
Address: 1245 E. NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442

Title: MGRM
Name: FALLOWS, MARK D.O.
Address: 1245 E. NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442

Title: T
Name: ROWDA, JOHN D.O.
Address: 1245 E. NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442

Title: S
Name: MARCUS, JEFFREY M.D.
Address: 1245 E. NORVELL BRYANT HWY.
City-St-Zip: HERNANDO, FL 34442

Title: MGRM
Name: ROWDA, JOHN D.O.
Address: 1245 E. NORVELL BRYANT HWY
City-St-Zip: HERNANDO, FL 34442

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 Statues.

SIGNATURE: MARK FALLOWS, D.O. MGRM 02/17/2011

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