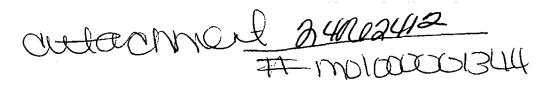
FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90109 039 ****50.00

2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M0100001344 1. Entity Name SUN HEALTHPLAN, LLC									
Principal Place of Business 5200 TOWN CENTER CIRCLE #470 BOCA RATON, FL 33486 Mailing Address 5200 TOWN CENTER CIRCLE #470 BOCA RATON, FL 33486						II 88161 MBN 8814 8614 861	II Bi la Bi la II	220 (221) 270 17 210	22) (II) 122)
2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address				, 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04272004	Chg-LLC	CR2E0	83 (10/03)	
City & State	9	City & State			4. FEI Numb				plied For Applicable
Zip	Country	Country Zip		itry	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New F	tegistered /	Agent	
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324	Stree		Street Address ((P.O. Box Numb	per is Not Acceptable	e)		
				City			FL	Zip Code	
	named entity submits this statement fions of registered agent.		register	red office or register	red agent, or b	oth, in the State of Flo		familiar with,	and accept
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2004							æ check p a Departm	payable to sent of State	,
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME LEDER, MARC J TREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•••••							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LE ME MEET ADORESS Y-ST-ZIP				Change	☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition
indicated	certify that the information supplied we don this report is true and accurate an ability company or the receiver pour th	ed that my signature shall have ee empowered to execute this	e the san s report a	ne legal effect as if as required by Chal	made under oa pter 608, Florid	ith; that I am a mana	561-	ertify that the incer or manage 394 - C	er of the



LIST OF OFFICERS & MANAGERS OF SUN HEALTHPLAN, LLC (a Delaware limited liability company)

November 14, 2003

The named individuals listed below are elected or appointed officers of the Company, and each holds the office of the Company set forth opposite their name, and each has held such office since June 7, 2001, unless otherwise indicated. The business address for the following Officers and Directors is 5200 Town Center Circle, Suite 470, Boca Raton, Florida 33486:

MANAGER, CO-CHAIRMAN,

CO-CEO & SECRETARY:

MANAGER, CO-CHAIRMAN,

CO-CEO & TREASURER:

VICE PRESIDENT:

VICE PRESIDENT:

VICE PRESIDENT:

VICE PRESIDENT:

VICE PRESIDENT AND

ASSISTANT SECRETARY:

Rodger R. Krouse

Marc J. Leder

Michael Kalb

Clarence E. Terry

M. Steven Liff

Kevin Calhoun

C. Deryl Couch