

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004605

FILED
Apr 30, 2008
Secretary of State

Entity Name: SCSF HEALTHPLAN II, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 470
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-1691192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SUN CAPITAL SECURITI, ES FUND LP
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: CEOT (X) Delete
Name: LEDER, MARC J
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: CEOS (X) Delete
Name: KROUSE, RODGER R
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP (X) Delete
Name: CALHOUN, KEVIN
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP (X) Delete
Name: COUCH, C. DERYL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

Title: VP (X) Delete
Name: MCCONVERY, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 470
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: JENNIFER SPANGLER

POA

04/30/2008

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