

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004611

Entity Name: SCSF HEALTHPLAN, LLC

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**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: 20-1315030

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/MEMBERS:**

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

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL MCCONVERY

MGR

04/29/2005

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