

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000585

FILED
Jan 17, 2006
Secretary of State

Entity Name: SELECTIVE HEALTH PLANS LLC

Current Principal Place of Business:

3020 HIGH RIDGE ROAD, SUITE 200
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

3020 HIGH RIDGE ROAD, SUITE 200
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 20-1473498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: KRANZ, GARY
Address: 3020 HIGH RIDGE ROAD, SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: KRANZ, STEVEN
Address: 3020 HIGH RIDGE ROAD, SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: KAUFMAN, RICHARD
Address: 3020 HIGH RIDGE ROAD, SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: FELDMAN, DANIEL
Address: 3020 HIGH RIDGE ROAD, SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: RONA, MARC
Address: 3020 HIGH RIDGE ROAD, SUITE 200
City-St-Zip: BOYNTON BEACH, FL 33426

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DENISE KANTROWITZ

CFO

01/17/2006

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