

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

07 FEB 21 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000007202

1. Entity Name
HEALTH NET FEDERAL SERVICES, LLC



Principal Place of Business
2025 AEROJET ROAD
RANCHO CORDOVA, CA 95742

Mailing Address
2025 AEROJET ROAD
RANCHO CORDOVA, CA 95742

PK



02122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0214809

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WOYS, JAMES E
2025 AEROJET ROAD
RANCHO CORDOVA, CA 95742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROSE, CHARLES D
2025 AEROJET ROAD
RANCHO CORDOVA, CA 95742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GILBERTSON, PAUL
2025 AEROJET ROAD
RANCHO CORDOVA, CA 95742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100089697671
02/28/07--01027--033 **50.00

100089697671
02/28/07--01027--034 **5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Charles D. Rose

Charles D. Rose

February 12, 2007

(916) 985-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #