

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*



02122007No 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 <input checked="" type="checkbox"/>	\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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
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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 #