

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002409

FILED
Apr 26, 2012
Secretary of State

Entity Name: SCSF HEALTHPLAN III, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIR STE 600
BOCA RATON, FL 33486

New Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486 US

Current Mailing Address:

5200 TOWN CENTER CIR STE 600
BOCA RATON, FL 33486

New Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

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: VPAS
Name: MCCONVERY, MICHAEL VPAS
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486 US

Title: VPAS
Name: HAJDUCH, MARK VPAS
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486 US

Title: SRVP
Name: KLAFTER, MELISSA SRVP
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486 US

I hereby 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: LAURA LOUIS

POA

04/26/2012

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