

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000058220					
1. Entity Name HEALTHSPRING OF FLORIDA, INC.					
Principal Place of Business 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165 US			Mailing Address 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05052008    Chg-P    CR2E034 (12/06)	
4. FEI Number 65-1129599				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAURY, ALBERT R 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165			Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Bend Road City Plantation    FL    Zip Code 33324		
8. The above named entity submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		E.A. Wallace Assistant Secretary		5/5/08	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LEON, BENJAMIN JR 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached for new officers + directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF EISEMAN, STUART 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO LEON, BENJAMIN III 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500129231295 05/14/08--01005--013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPMS MAURY, ALBERT R 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 331685	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEON, LOURDES 11501 SOUTHWEST 40 STREET 2ND FLOOR MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			5/5/08    832-553-3513 Date    Daytime Phone #		

**Attachment to**  
**2008 For Profit Corporation Annual Report**  
**HealthSpring of Florida, Inc. d/b/a Leon Medical Centers Health Plans**  
**#P01000058220**

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<b>11. Additions/Changes to Officers &amp; Directors</b>
<b>Director/Chairman of the Board</b> Fritch, Herbert A. 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
<b>Director &amp; Treasurer</b> McNamara, Kevin M. 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
<b>Director &amp; Secretary</b> Coil, Gerald V. 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
<b>President &amp; Chief Executive Officer</b> Maury, Albert R. 11501 Southwest 40th Street, 2nd Floor Miami, FL 33165
<b>Chief Financial Officer</b> Pardo, Ann Mary 11501 Southwest 40th Street, 2nd Floor Miami, FL 33165
<b>Stu Warren, Vice President</b> 9009 Carothers Parkway, Suite 501 Franklin, TN 37067
<b>Chief Operational Officer</b> Bauer, Cliff 11501 Southwest 40th Street, 2nd Floor Miami, FL 33165
<b>Assistant Secretary</b> Jordan, Teresa R.J. 2900 N. Loop West, Suite 1300 Houston, TX 77092
<b>Assistant Secretary</b> Barden, J. Gentry 9009 Carothers Parkway, Suite 501 Franklin, TN 37067