

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000007202

**Entity Name:** HEALTH NET FEDERAL SERVICES, LLC

**Current Principal Place of Business:**

2025 AEROJET ROAD  
RANCHO CORDOVA, CA 95742

**Current Mailing Address:**

2025 AEROJET ROAD  
RANCHO CORDOVA, CA 95742 US

**FEI Number:** 68-0214809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title MGR  
Name TOUGH, STEVEN  
Address 2025 AEROJET ROAD  
City-State-Zip: RANCHO CORDOVA CA 95742

Title MGR  
Name HOFFMEIER, DONNA  
Address 2107 WILSON BLVD  
City-State-Zip: ARLINGTON VA 22201

Title MGR  
Name GILBERTSON, PAUL  
Address 2025 AEROJET ROAD  
City-State-Zip: RANCHO CORDOVA CA 95742

Title MGR  
Name CARRATO, THOMAS  
Address 2107 WILSON BLVD  
City-State-Zip: ARLINGTON VA 22201

Title MGR  
Name BUSS, PATRICIA MD  
Address 2107 WILSON BLVD  
City-State-Zip: ARLINGTON VA 22201

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL GILBERTSON

**MANAGER**

**03/10/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date