

**Florida Health Choices, Inc.**  
**Membership: Vendor Steering Committee**

<b>VENDOR STEERING COMMITTEE</b>									
<b>Name</b>	<b>Company</b>	<b>Address #1</b>	<b>Address #2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
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<b>SMALL GROUP PILOT WORKGROUP</b>									
<b>Name</b>	<b>Company</b>	<b>Address #1</b>	<b>Address #2</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Email Address</b>
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<b>SOLICITATION OF INTEREST WORKGROUP</b>									
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