

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047668

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: CENTRAL FLORIDA HOLDING, LLC

**Current Principal Place of Business:**

2101 SW 20TH PLACE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

2101 SW 20TH PLACE  
OCALA, FL 34474

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER 21ST FLOOR  
2 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131 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: MGRM (X) Delete  
Name: VASUDEVAN, RAMABHADRAN MD  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

Title: MGRM (X) Delete  
Name: RAO, SRISHA MD  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

Title: MGRM ( ) Delete  
Name: ELIGETI, RAMULU MD  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

Title: MGRM (X) Delete  
Name: KOKA, VIJAYA N MD  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

Title: MGRM ( ) Delete  
Name: CACODCAR, SUREXA S MD  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

Title: MGRM ( ) Delete  
Name: MCGHEE, J. ROBERT DO  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: CACODCAR, SUREXA S MD  
Address: 2101 SW 20TH PLACE  
City-St-Zip: Ocala, FL 34474

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RAMULU ELIGETI, MD

MGRM

04/24/2007

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