

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000062770

Entity Name: CMLA HEALTH, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

705 MULLET CREEK RUN  
NICEVILLE, FL 32578

**New Principal Place of Business:**

514 BLACKWATER RUN  
NICEVILLE, FL 32578

**Current Mailing Address:**

P. O. BOX 101  
NICEVILLE, FL 32588

**New Mailing Address:**

FEI Number: 26-0350671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, DANNY K  
705 MULLET CREEK RUN  
NICEVILLE, FL 32578 US

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

JERNIGAN, PAUL C  
514 BLACKWATER RUN  
NICEVILLE, FL 32578 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: PAUL C. JERNIGAN

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JONES, DANNY K  
Address: 4416 SANDRA LYNN DRIVE  
City-St-Zip: FLOWER MOUND, TX 75022

Title: MGRM  
Name: JERNIGAN, PAUL C  
Address: 514 BLACKWATER RUN  
City-St-Zip: NICEVILLE, FL 32578

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: DANNY K. JONES

MGRM

03/20/2012

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