

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014094

FILED
Mar 27, 2007
Secretary of State

Entity Name: CHOICE MEDICAL MANAGEMENT SERVICES, L.L.C.

Current Principal Place of Business:

1408 N. WESTSHORE BLVD
700
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

6010 CATTLE RIDGE DRIVE
SUITE 100
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-3742003 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLWERT, ANDREW W
6010 CATTERIDGE DRIVE
SUITE 100
SARASOTA, FL 34232 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: MGR () Delete
Name: OLWERT, ANDREW W III
Address: 6010 CATTLERIDGE DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: VP () Change (X) Addition
Name: RODKEY, LEN
Address: 6010 CATTLERIDGE DRIVE
City-St-Zip: SARASOTA, FL 34232

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: LEN RODKEY

VP

03/27/2007

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