2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L07000062770

Entity Name: CMLA HEALTH, LLC

Current Principal Place of Business:

705 MULLET CREEK RUN
NICEVILLE, FL 32578

New Principal Place of Business:

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:

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 ( ) Delete
Name: JONES, DANNY K
Address: 705 MULLET CREEK RUN
City-St-Zip: NICEVILLE, FL 32578

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

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DANNY K. JONES MM 03/17/2009

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