

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047668

**Entity Name:** CENTRAL FLORIDA HOLDING, LLC

**Current Principal Place of Business:**

2111 SW 20TH PLACE  
OCALA, FL 34471

**Current Mailing Address:**

2111 SW 20TH PLACE  
OCALA, FL 34471

**FEI Number: 20-4841143**

**Certificate of Status Desired: No**

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

WARDLOW, RANDY  
2111 SW 20TH PLACE  
OCALA, FL 34471 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ELIGETI, RAMULU MD  
Address 2111 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title MGMR  
Name KOKA, VIJAYA MD  
Address 2111 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title MGMR  
Name RAO, SRISHA MD  
Address 2111 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title MGMR  
Name GUMMADI, SIVA MD  
Address 2111 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

Title MEMBER  
Name MIKKILINENI, HIMA M.D.  
Address 2111 SW 20TH PLACE  
City-State-Zip: Ocala FL 34471

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SIVA GUMMADI, M.D.**

**MGMR**

**02/27/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date