

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062770

Entity Name: CMLA HEALTH, LLC

Current Principal Place of Business:

514 BLACKWATER RUN
NICEVILLE, FL 32578

Current Mailing Address:

P. O. BOX 101
NICEVILLE, FL 32588

FEI Number: 26-0350671

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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: DANNY K. JONES

MANAGING MEMBER

03/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date