



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90098 010 ****50.00

DOCUMENT # L00000002444 1. Entity Name CORPORATE HEALTH OF AMERICA, L.L.C.																														
Principal Place of Business 2151 WEST HILLSBORO BLVD SUITE 102 DEERFIELD BEACH, FL 33442			Mailing Address 2151 WEST HILLSBORO BLVD SUITE 102 DEERFIELD BEACH, FL 33442																											
2. Principal Place of Business <u>7865 NW 123rd Ave</u> Suite, Apt. #, etc.		3. Mailing Address <u>7865 NW 123rd Ave</u> Suite, Apt. #, etc.																												
City & State <u>Parkland FL</u>		City & State <u>Parkland FL</u>		4. FEI Number 65-0990200																										
Zip <u>33076</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent BECKER, GLENN A 2151 WEST HILLSBORO BLVD., SUITE 306 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name <u>George Gawkler</u> Street Address <u>7865 NW 123rd Ave</u> City <u>Parkland</u> <u>FL</u> Zip Code <u>33076</u>																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> <u>CEO</u> DATE <u>September 2, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																														
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10446 BUENA VENTURA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33498</td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	10446 BUENA VENTURA DR		CITY-ST-ZIP	BOCA RATON, FL 33498		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>George Gawkler</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7865 NW 123rd Ave</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Parkland FL 33076</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	STREET ADDRESS	George Gawkler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CITY-ST-ZIP	7865 NW 123rd Ave				Parkland FL 33076		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>9-3-04</u> Daytime Phone #																										