

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90274 011 ****55.00

DOCUMENT # L00000014700

1. Entity Name

CMS HEALTHCARE OF NEW YORK, LLC



Principal Place of Business

10008 N. DALE MABRY HWY., STE. 214
TAMPA, FL 33618

Mailing Address

10008 N. DALE MABRY HWY., STE. 214
TAMPA, FL 33618



01222004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685798

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TONEY, SAM D M.D.
10008 N. DALE MABRY HWY., STE. 214
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME TONEY, SAM D MD
STREET ADDRESS 10008 N. DALE MABRY HWY., STE. 214
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGRM
NAME PADDA, SHAN
STREET ADDRESS 10008 N. DALE MABRY HWY., STE. 214
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/04

Date

813-264-7577

Daytime Phone #