

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

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



02082005No 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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000265486  
03/16/05-80059-006 55.00

**DO NOT WRITE  
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:**

3/7/05

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

Date

Daytime Phone #