

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014700

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: CMS HEALTHCARE OF NEW YORK, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3685798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TONEY, SAM D MD  
Address: 10008 N. DALE MABRY HWY., STE. 214  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete  
Name: PADDA, SHAN  
Address: 10008 N. DALE MABRY HWY., STE. 214  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SAM D. TONEY

MGR

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date