

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014700

FILED
Jan 05, 2009
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)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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, MD

MGRM

01/05/2009

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