

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90059 040 ****50.00

DOCUMENT # L00000016281

1. Entity Name
CORPORATE HEALTH GROUP, LLC



Principal Place of Business
ONE FINANCIAL PLAZA
SUITE 1600
FT LAUDERDALE, FL 33394

Mailing Address
799 GALIANO ST
CORAL GABLES, FL 33134
ONE FINANCIAL PLAZA
SUITE 1600
FT LAUDERDALE, FL 33394

24056811



03152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1072243

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, WILLIAM H
4545 N PINE ISLAND ROAD
SUNRISE, FL 33351

AL FERRARA
799 GALIANO ST
CORAL GABLES, FL
33134

**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, type, 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 NAME STREET ADDRESS CITY-ST-ZIP	P FERRARA, AL 799 GALIANO STREET CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANGERS, GERRY 499 NE SPANISH RIVER BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, WILLIAM H 4545 N PINE ISLAND ROAD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

305 772 7242