


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000016281 1. Entity Name CORPORATE HEALTH GROUP, LLC	
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Principal Place of Business 799 GALIANO ST. CORAL GABLES, FL 33134	Mailing Address 799 GALIANO ST. SUITE 1600 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



08012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1072243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRARA, AL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/05/05-80009-018 50.00

**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: William H Jackson 8/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

954-741-5511