

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016281

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** CORPORATE HEALTH GROUP, LLC

**Current Principal Place of Business:**

201 N. US HIGHWAY 1  
SUITE C6  
JUPITER, FL 33477

**New Principal Place of Business:**

4545 NO PINE ISLAND ROAD  
SUNRISE, FL 33351

**Current Mailing Address:**

201 N. US HIGHWAY 1  
SUITE C6  
JUPITER, FL 33477

**New Mailing Address:**

4545 NO PINE ISLAND ROAD  
SUNRISE, FL 33351

**FEI Number:** 65-1072243      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

GOLDSMITH, JEFF  
201 N. US HIGHWAY 1  
SUITE C6  
JUPITER, FL 33477 US

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

JACKSON, WILLIAM  
4545 NO PINE ISLAND  
SUNRISE, FL 33351 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: WILLIAM JACKSON

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FINKIN, JON  
Address: 3120 OAKWOOD BOULEVARD  
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM ( ) Delete  
Name: GOLDSMITH, JEFF  
Address: 201 N. US HIGHWAY 1, SUITE C6  
City-St-Zip: JUPITER, FL 33477

Title: MGRM ( ) Delete  
Name: AYERS, STEVE  
Address: 201 N. US HIGHWAY 1, SUITE C6  
City-St-Zip: JUPITER, FL 33477

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: JACKSON, WILLIAM  
Address: 4545 NO PINE ISLAND ROAD  
City-St-Zip: SUNRISE, FL 33351

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: WILLIAM JACKSON

MGRM

05/01/2008

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