

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003073

FILED
Jan 06, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA HAND CENTER, LLC

Current Principal Place of Business:

200 E HIBISCUS BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

200 E HIBISCUS BLVD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3703171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLACE, JAMES H JR, ESQ
1900 S. HICKORY STREET
SUITE A
MELBOURNE, FL 32901 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/MEMBERS:

Title: MGRM () Delete
Name: WOODWARD, CHARLES MD
Address: 2200 N RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOODWARD, CARLOS MD
Address: 2200 N RIVERSIDE DRIVE
City-St-Zip: INDIALANTIC, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS WOODWARD, M.D.

MGRM

01/06/2005

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