2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State

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02-05-2004 90078 028 ****50 00

DOCUMENT # L02000030926 1. Entity Name CENTRAL FLORIDA MEDICAL LEASING, L.L.C.						70 1 700 70	<i>32</i> 6	****50.00
ace of Business	Mailing Artdress			-{				
E HOWARD DR Aven, Fl 33880	160 E LAKE HOWARD	DR 3880			0.10	0044		;
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				01152004	Chg-LLC	CR2E083 (10/03))
& State City & State					amber Appl		pplied For ot Applicable	
	Zip	555,		5. Certificate of Status Desired		\$5.00 Additional		
6. Name and Address of Curren	Registered Agent			7. Name ar	d Address of New Ro	gistered Agen	TOGUN	
STAMBAUGH, ROBERT J 99 SIXTH ST SW			Name				-	
WINTER HAVEN, FL 33880			-Street Address (F	P.O. Box Num	ber is Not Acceptable)		
			City			FI Z	ip Coc	de .
/e named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered	daffice or registere	ed agent, or b	oth, in the State of Flor	ida. I am femilia	ır with,	and accept
Signature, typed or printed name of registered agent	and title if applicable. (NQTE	: Registered A	gent signature required s	When reinstating)		DATE		
filing Fee is \$50.00 Due by May 1, 2004					Make Florida	check payabl Department o	e to State	
MANAGING MEMBE	RS/MANAGERS	10.			ADOUTIONS LO	HANGER		<u></u> ,
<i>I</i>	☐ Delete	TITLE			ADDITIONS/C			F7 sadding
160 E. LAKE HOWARD DR WINTER HAVEN, FL 33880							-MINGS	Addition
	☐ Delete	TITLE NAME STREET A	LODRESS				zange	☐ Addition
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		MIT-31-2	ur					4 il
ertify that the information supplied with to on this report is true and accurate and it billity company or the receiver or trustee	his filing does not qualify for the nat my signature shall have the ampowered to execute this rec	e exampli	on stated in Section	on 119.07(3)(i) le under oath:	, Florida Statutes. I fur that I am a managing	ther certify that member or ma	the info	ormation of the
	Country Cou	Acce of Business E HOWARD DR AVEN, FL 33880 I Place of Business Dt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent LUGH, ROBERT J 1ST'SW HAVEN, FL 33880 The named entity submits this statement for the purpose of changing its ations of registered agent. Signature, typed or printed name of registered agent and top if applicable. MANAGING MEMBERS/MANAGERS MGRM BRIGGS, JONYE G 160 E. LAKE HOWARD DR WINTER HAVEN, FL 33880 Delete Delete Delete	Acce of Business E HOWARD DR WEN, FL 33880 IPlace of Business DL #, etc. Suito, Apt. #, etc. Country Zip Country Zip Country Zip Country G. Name and Address of Current Registered Agent LUGH, ROBERT J IST SW HAVEN, FL 33880 Spraure, typed or premod name of registered agent and stell # applications of registered agent. Spraure, typed or premod name of registered agent and stell # applications of registered agent. MANAGING MEMBERS/MANAGERS INTER MANAGERS MITTER MANAGERS, JONYE G 160 E. LAKE HOWARD DR WINTER HAVEN, FL 33880 Delete TITLE MANAGERS TREET A CITY-ST Delete TITLE MANAGERS TREET A CITY-ST Delete TITLE MANAGERS TREET A CITY-ST Delete TITLE MANAGERS STREET A CITY-ST	ace of Business E HOWARD DR IGO E LAKE HOWARD DR WINTER HAVEN, FL 33880 I Place of Business 3. Mailing Address DI. #, etc. Suito, Apt. #, etc. City & State Country Zip Country E, Name and Address of Current Registered Agent Name City & State C	Address E HOWARD DR 160 E LAKE HOWARD DR WINTER HAVEN, FL 33880 Place of Business 3. Mailing Address 160 E LAKE HOWARD DR WINTER HAVEN, FL 33880 Place of Business 3. Mailing Address 160 E LAKE HOWARD DR WINTER HAVEN, FL 33880 Place of Business 3. Mailing Address 1152004 Attention of Country 27p Country 5. Certifica 43-19 5. Certifica 5. Marne and Address of Current Registered Agent Name -87rest Address (P.O. Box Number 1975	Accord Business E HOWARD DR 160 E LAKE HOWARD DR WINTER HAVEN, FL 33880 I Place of Business 3. Making Address DL #, etc. City & State City & State Country Name City Cit	Accord Business E HOWARD DR I 60 ELAKE HOWARD DR WINTER HAVEN, FL 33880 Place of Business 3. Mailing Address Sui. 4, etc. O1152004 Chg-LLC CR2E083 (7, etc.) Country Zop Country Zop Country Zop Country Zop Country 3. Name and Address of Status Desired 4. FEI Number 4.3-1983588 S.5. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name STREAM, CREERT J STSTSV City FL Ci	Maling Address E HOWARD DR VEN, RI 33880 IFrace of Business 3. Making Address 10 4, etc. Suito, Apt. 4, etc. Suito, Apt. 4, etc. O1152004 Chg-LLC CR2E083 (10/03 attested and address of Country) Typ Country 5, etc. Country 5, etc. Country 5, etc. Country 5, etc. Country 7, Name and Address of Current Registered Agent 7, Name and Address of Nava Registered Agent 7, Name and Address of Nava Registered Agent 10/03 attested and 10/03 attested 10/03

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