



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90180 027 \*\*\*\*50.00

<b>DOCUMENT # L02000030926</b> 1. Entity Name <b>CENTRAL FLORIDA MEDICAL LEASING, L.L.C.</b>					
Principal Place of Business <b>160 E LAKE HOWARD DR WINTER HAVEN, FL 33880</b>			Mailing Address <b>160 E LAKE HOWARD DR WINTER HAVEN, FL 33880</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01272005    Chg-LLC    CR2E083 (10/03)	
Zip                      Country		Zip                      Country		4. FEI Number <b>43-1983588</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STAMBAUGH, ROBERT J 99 SIXTH ST SW WINTER HAVEN, FL 33880</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIGGS, JONYE G 160 E. LAKE HOWARD DR WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> <i>Jonye G. Briggs</i> <i>N.D. Jonye G. Briggs</i> 2-5-05    (863) 299-1251					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					