


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2006 8:00 am
Secretary of State

02-21-2006 90175 013 ****50.00

DOCUMENT # L02000030926					
1. Entity Name CENTRAL FLORIDA MEDICAL LEASING, L.L.C.					
Principal Place of Business 160 E LAKE HOWARD DR WINTER HAVEN, FL 33880			Mailing Address 160 E LAKE HOWARD DR WINTER HAVEN, FL 33880		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 43-1983588	
				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 STAMBAUGH, ROBERT J 99 SIXTH ST SW WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u>[Signature]</u> <u>[Signature]</u> <u>2/16/06</u> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
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"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #					

30002172



02022006 Chg-LLC CRZE083 (11/05)



ATTACHMENT

30002172

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

CENTRAL FLORIDA MEDICAL LEASING, L.L.C.
160 E LAKE HOWARD DR
WINTER HAVEN, FL 33880

Subject: **CENTRAL FLORIDA MEDICAL LEASING, L.L.C.**

Reference Number:

L02000030926

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION