## 2006 LIMITED LIABILITY COMPANY

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

DOCUMENT # L02000030926  1. Entity Name CENTRAL FLORIDA MEDICAL LEASING, L.L.C.							02-21-200	901°	75 013 *	***50.00
Principal Place of Business Mailing Address 160 E LAKE HOWARD DR 160 E LAKE HOWARD I WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33					_		י מוער עונד הואר ממוא מערה	23123 <i>1</i> 80 6	0021	.72
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. 9, etc.			Suite, Apt. #, etc.		02022006	Chg-LLC	CRZE	083 (11/05)	)	
City & State		City & State			4. FEI Numb 43-198	=			optied For or Applicable	
Zip			Zip Counti		try		of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name	and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered	Agent	
CTAMBAL	ION BOD	COT 1			Name					
STAMBAUGH, ROBERT J 99 SIXTH ST SW WINTER HAVEN, FL*33880					Street Addre	ess (P.O. Box Numb	er is Not Acceptable)			
		<i>;</i>		1	City	- <u>-</u>		FL	Zip Coo	ie .
8. The above	named entir	v submits this statement for	the purpose of changing its	registers	ed office of regi	istered agent, or bot	th in the State of Flor		femiliar with	and accept
the obligat	ions of regist	epet/poent.	11111	1	M Singe S. 12g.	11	***			(BIO GOVE)-
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<u> </u>	Signature, typed	of prince name of reputation squite or	ond site 4 applicable: • (NOTE	frankrie	Agent superiors	gured when renessing)	<i>J j j j j j j j j j j</i>	DAJE		
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## 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 <u>has not been filed</u> 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