2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030926

1. Entity Name
CENTRAL FLORIDA MEDICAL LEASING, L.L.C.

Principal Place of Business	Mailing Address
160 E LAKE HOWARD DR WINTER HAVEN, FL 33880	160 E LAKE HOWARD DR WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

01172007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
43-1983588	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STAMBAUGH, ROBERT J
99 SIXTH ST SW
WINTER HAVEN, FL 33880

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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
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRIGGS, JONYE G
STREET ADDRESS	160 E. LAKE HOWARD DR
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Jonye G Briggs_   1-31-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #