

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000030926

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MEDICAL LEASING, L.L.C.

**Current Principal Place of Business:**

160 E LAKE HOWARD DR  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

160 E LAKE HOWARD DR  
C/O SHERYL WATTS  
WINTER HAVEN, FL 33880

**New Mailing Address:**

160 E LAKE HOWARD DR  
C/O LUCINDA SHELBY  
WINTER HAVEN, FL 33880

**FEI Number:** 43-1983588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRIGGS, JONYE G  
Address: 160 E. LAKE HOWARD DR  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOYNE G. BRIGGS

MGRM

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date