

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030926

FILED
Mar 30, 2011
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 LUCINDA SHELBY
WINTER HAVEN, FL 33880

New Mailing Address:

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: LYLE, DONNA
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: DONNA LYLE

MGR

03/30/2011

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