

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90160 028 ****50.00

DOCUMENT # L02000033356

1. Entity Name
CENTRAL FLORIDA HEALTH SERVICES, LLC



Principal Place of Business
**921 NORTH MAIN STREET
KISSIMMEE, FL 34744**

Mailing Address
**250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK, FL 32789**

24029410



2. Principal Place of Business

3. Mailing Address

921 North Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-LLC CR2E083 (10/03)

City & State

City & State
Kissimmee FL

4. FEI Number
APPLIED FOR 55-0809240

Applied For
Not Applicable

Zip

Country

Zip

34744

Country

OSceola

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUSMIERZ, KEITH
3600 BREEDERS CUP CT
GOTHA, FL 34734**

Name

Street Address (P.O. Box Number is Not Acceptable)

921 North Main Street

City

Kissimmee

FL

Zip Code

34744

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARTWRIGHT, MONT J DR
921 NORTH MAIN STREET
KISSIMMEE, FL 34744** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MONT J. CARTWRIGHT MD

3-5-04

4079337800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #