

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033356

FILED
Feb 25, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA HEALTH SERVICES, LLC

Current Principal Place of Business:

921 NORTH MAIN STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

921 NORTH MAIN STREET
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 55-0809240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSMIERZ, KEITH
921 NORTH MAIN STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

WILD, MARSHA
921 NORTH MAIN STREET
KISSIMMEE, FL 34744 US

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: MONT JAY CARTWRIGHT

02/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CARTWRIGHT, MONT J DR
Address: 921 NORTH MAIN STREET
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MONT JAY CARTWRIGHT

MGR

02/25/2005

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