LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90273 010 ****50.00

DOCUMENT # L02000033356

1. Entity Name

CENTRAL FLORIDA HEALTH SERVICES, LLC

DO NOT WRITE IN THIS SPACE

44002533

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
921 North Main Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State
Zip: 34744 Country	Zip Country

4. FEI Number: Applied For ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Keith Kusmierz

Street Address (P.O. Box Number is Not Acceptable): 3600 Breeders Cup Court

City: Gotha FL Zip Code: 34734

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: Keith K 4/25/03
Signature, typed or printed name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. Manager — MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cartwright, Mont J. Dr. 921 North Main Street Kissimmee FL 34744	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: [signature] MONT J. CARTWRIGHT MD 4/25/03 407 933 7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #