

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000377

FILED
Mar 13, 2007
Secretary of State

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA LLC

Current Principal Place of Business:

17755 US HWY 19 N
SUITE 400
CLEARWATER, FL 33764

New Principal Place of Business:

17755 US HIGHWAY 19 NORTH
SUITE 400
CLEARWATER, FL 33764

Current Mailing Address:

200 SOUTH ORANGE AVENUE
27TH FLOOR, COMPLIANCE UNIT
ORLANDO, FL 32801

New Mailing Address:

17755 US HIGHWAY 19 NORTH
SUITE 400
CLEARWATER, FL 33764

FEI Number: 36-4517292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNET, MARK ESQ.
200 SOUTH ORANGE AVE., STE. 2800
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

BERNET, MARK J ESQ
200 SOUTH ORANGE AVENUE
SUITE 2800
ORLANDO, FL 32801 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: MARK J. BERNET

03/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KONICKI, BOB
Address: 17755 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM () Delete
Name: ANDERSON, PETE
Address: 17755 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM (X) Delete
Name: LEONARD, KEVIN
Address: 111 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete
Name: MYERS, DAN
Address: 111 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete
Name: ANDERSON, PETE
Address: 111 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KONICKI, ROBERT
Address: 17755 US HIGHWAY 19 NORTH, SUITE 400
City-St-Zip: CLEARWATER, FL 33764

Title: MGR (X) Change () Addition
Name: NEVILL, ROBERT
Address: 17755 US HIGHWAY 19 NORTH, SUITE 400
City-St-Zip: CLEARWATER, FL 33764

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

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

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 Chapter 119, 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: ROBERT N. NEVILL

MGR

03/13/2007

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