

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000000377

1. Entity Name  
COMMUNITY HEALTH SOLUTIONS OF AMERICA LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 13 PM 4:00

Principal Place of Business  
17755 US HIGHWAY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33764

Mailing Address  
17755 US HIGHWAY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33764

2. Principal Place of Business - No P.O. Box #  
1004 118th Ave N  
Suite, Apt. #, etc.

3. Mailing Address  
1000 118th Ave N  
Suite, Apt. #, etc.



07232007 Chg-LLC CR2E083 (12/06)

City & State  
St Petersburg FL  
Zip 33716 Country USA

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St Petersburg FL  
Zip 33716 Country USA

4. FEI Number  
36-4517292  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BERNET, MARK J ESQ  
200 SOUTH ORANGE AVENUE  
SUITE 2800  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent  
Name Bruce Kadoura  
Street Address (P.O. Box Number is Not Acceptable)  
1002 118th Ave N  
City St Petersburg FL Zip Code 33716

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 *Bern Kaler* DATE 7-27-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KONICKI, ROBERT 17755 US HIGHWAY 19 NORTH, SUITE 400 CLEARWATER, FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEVILL, ROBERT 17755 US HIGHWAY 19 NORTH, SUITE 400 CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800108709078 08/28/07--01038--010 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY Dale F Schmidt 1000 118th Ave N St Petersburg FL 33716-2332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Dale F Schmidt* DATE 7-27-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE