

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000377

FILED
Apr 25, 2008
Secretary of State

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA LLC

Current Principal Place of Business:

1004 118TH AVE. N.
ST. PETERSBURG, FL 33716

New Principal Place of Business:

1004 118TH AVE. N.
ST. PETERSBURG, FL 337162332 US

Current Mailing Address:

1000 118TH AVE. N.
ST. PETERSBURG, FL 33716

New Mailing Address:

1000 118TH AVE. N.
ST. PETERSBURG, FL 337162332 US

FEI Number: 36-4517292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KADOORA, BRUCE
1002 118TH AVE. N.
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

KADOORA, BRUCE
1002 118TH AVE. N.
ST. PETERSBURG, FL 337162332 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:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: ST () Delete
Name: SCHMIDT, DALE F
Address: 1000 118TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 337162332

ADDITIONS/CHANGES:

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

Title: TS (X) Change () Addition
Name: SCHMIDT, DALE F
Address: 1000 118TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 337162332

I hereby certify that the information supplied with this filing does not qualify 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: DALE F SCHMIDT

TS

04/25/2008

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