

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000377

FILED
Jan 27, 2009
Secretary of State

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 36-4517292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KADOURA, BRUCE
1002 118TH AVE. N.
ST. PETERSBURG, FL 337162332 US

Name and Address of New Registered Agent:

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:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KONICKI, ROBERT
Address: 1004 118TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 337162332

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

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: ROBERT W KONICKI

MGR

01/27/2009

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