

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000000377

FILED
May 07, 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:**1004 118TH AVE. N.
ST. PETERSBURG, FL 337162332 US**New Mailing Address:****FEI Number:** 36-4517292**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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:**KADOURA, BRUCE
7887 BRYAN DAIRY ROAD
SUITE 190
LARGO, FL 33777 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:

05/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: KONICKI, ROBERT
Address: 1004 118TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 337162332**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: FREEMAN, BARBARA M.D.
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: DALE F. SCHMIDT

TS

05/07/2009

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