FILED
Jun 18, 2007 8:00 am
Secretary of State

05-01-2007 90315 020 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000005958

1. Entity Name
CARE LEVEL MANAGEMENT MEDICAL GROUP FLORIDA, LLC

30010001

Principal Place of Business	Mailing Address
3550 BUSCHWOOD PARK DRIVE STE. 133 TAMPA, FL 33618	3550 BUSCHWOOD PARK DRIVE STE. 133 TAMPA, FL 33618

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1958 DAIRY RD	1958 DAIRY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST MELBOURNE, FL	City & State: WEST MELBOURNE, FL
Zip: 32904 Country:	Zip: 32904 Country:

04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 32-0060512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KHALIL, RAOUF 3550 BUSCHWOOD PARK DRIVE STE. 133 TAMPA, FL 33618	Name: KHALIL, RAOUF Street Address (P.O. Box Number is Not Acceptable): 1958 DAIRY RD City: WEST MELBOURNE FL Zip Code: 32904

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: [signature] RAOUF KHALIL 4-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMBR CARE LEVEL MANAGEMENT, LLC 23622 CALABASAS RD., STE 250 CALABASAS, CA 91302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMBR CARE LEVEL MANAGEMENT, LLC 5700 CANOGA AVE, STE 500 WOODLAND HILLS, CA 91367	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] RAOUF KHALIL 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #