

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042688

FILED  
Jul 12, 2005  
Secretary of State

**Entity Name:** CENTRAL FLORIDA HEALTH CARE ALLIANCE LLC

**Current Principal Place of Business:**

6620 LAKE CLARK DR  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

6620 LAKE CLARK DR  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 20-1221442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SLAUGHTER, JEROLD  
6620 LAKE CLARK DR.  
LAKELAND, FL 33813 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SLAUGHTER, JEROLD  
Address: 6620 LAKE CLARK DR.  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM ( ) Delete  
Name: SLAUGHTER, THOMAS  
Address: 1128 ENGLISH BLUFFS CT  
City-St-Zip: BRANDON, FL 33860 US

Title: MGRM ( ) Delete  
Name: EDWARDS, CAROLE  
Address: 1407 OAKWOOD LANE  
City-St-Zip: PLANT CITY, FL 33566 US

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEROLD T. SLAUGHTER

MGRM

07/12/2005

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