2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# L05000004408

Entity Name: CFHP, LLC

Current Principal Place of Business:

211 S. CENTRAL AVENUE
APOPKA, FL 32703

New Principal Place of Business:

515 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

Current Mailing Address:

211 S. CENTRAL AVENUE
APOPKA, FL 32703

New Mailing Address:

P.O. BOX 160939
ALTAMONTE SPRINGS, FL 32716

FEI Number: 20-2172629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, DARIN M.D.
211 S. CENTRAL AVENUE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

WOLFE, DARIN M.D.
515 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712 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: DARIN WOLFE, MD 02/10/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M.D. ( ) Change (X) Addition
Name: WOLFE, DARIN M.D.
Address: 515 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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: DARIN WOLFE, M.D. M.D. 02/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date