

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036288

FILED
Jul 06, 2006
Secretary of State

Entity Name: CFR MEDICAL HOLDINGS, LLC

Current Principal Place of Business:

8188 JOG ROAD, SUITE 100
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

8188 JOG ROAD, SUITE 100
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 20-2702730 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:

FORMAN, RICHARD
10120 ARMANI DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

FORMAN, RICHARD
6890 MILANI STREET
LAKE WORTH, FL 33467 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:

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORMAN, RICHARD
Address: 10120 ARMANI DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM () Delete
Name: HIMMELSTEIN, STUART
Address: 1111 NORTH PALMWAY
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORMAN, RICHARD
Address: 6890 MILANI STREET
City-St-Zip: LAKE WORTH, FL 33467 US

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 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: RICHARD FORMAN

MGRM

07/06/2006

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