2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L05000063148

Entity Name: FLORIDA HEALTH MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

3065 CHEROKEE RD.
ST. CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

3065 CHEROKEE RD.
ST. CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 87-0750279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
STE. 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PEAKE, WESLEY E MGR/MEM
3065 CHEROKEE RD.
ST. CLOUD, FL 34772 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: WESLEY E. PEAKE 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PEAKE, WESLEY	
Address:	3065 CHEROKEE RD.	
City-St-Zip:	ST. CLOUD, FL 32301 US	
Title:	MGR.	( ) Delete
Name:	HURT, JACQUELING F	
Address:	1518 SAKONNET CT.	
City-St-Zip:	BRANDON, FL 33511	
Title:	MGR.	( ) Delete
Name:	LIKENS, KIM	
Address:	8822 15TH LANE N.	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	MGR.	(X) Delete
Name:	TAGGART, LYNN	
Address:	1606 LEISURE DR.	
City-St-Zip:	CLEARWATER, FL 33756	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR.	( ) Change (X) Addition
Name:	PEAKE, WESLEY E	
Address:	3065 CHEROKEE RD.	
City-St-Zip:	ST. CLOUD, FL 34772	

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: WESLEY E. PEAKE M/M 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date