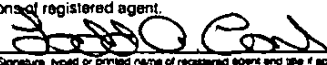


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

03-23-2006 90257 033 ****50.00

DOCUMENT # L05000098525 1. Entity Name CSA-VOR, LLC					
Principal Place of Business 6006 49TH STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33709			Mailing Address 6006 49TH STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33709		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02242006 Chg-LLC CR2E083 (11/05)	
4. FBI Number 20-3705143				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURBACH, RICHARD A 6006 49TH STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33709				7. Name and Address of New Registered Agent Name Todd Carl Street Address (P.O. Box Number is Not Acceptable) 6006 49th St. N. Suite 310 City St. Petersburg FL Zip Code 33709	
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  DATE 3-15-06 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Delete DR. J. CRAYTON PRUITT JR. 6006 49th St N Suite 310 St. Petersburg FL 33709			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Delete DR. JAMES QUIRZENZA 6006 49th St. N Suite 310 St. Petersburg, FL 33709			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Delete DR. VINAY BADHWAR 6006 49th St. N., Suite 310 St. Petersburg, FL 33709			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☐ Delete DR. DAN O'CONNOR 6006 49th St. N., Suite 310 St. Petersburg, FL 33709			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: 				Date 3-15-06 Daytime Phone # 727-490-3042	