

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123229

FILED
Mar 30, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA HEALTH CLINICS, LLC

Current Principal Place of Business:

6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 22-3919377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHULLDU, HARBINDER S
6900 TURKEY LAKE RD
SUITE 1-1
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: MGR
Name: GHULLDU, HARBINDER MD
Address: 6900 TURKEY LAKE RD SUITE 1-1
City-St-Zip: ORLANDO, FL 32819

Title: MGR
Name: NANDAM, VENKATESWARA
Address: 6388 SILVER STAR RD SUITE 1C
City-St-Zip: ORLANDO, FL 32818

Title: T
Name: NANDAM, VENKATESWARA
Address: 6388 SILVER STAR ST SUITE 1C
City-St-Zip: ORLANDO, FL 32818

Title: S
Name: GHULLDU, HARBINDER MD
Address: 6900 TURKEY LAKE RD SUITE 1-1
City-St-Zip: ORLANDO, FL 32819

I hereby 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: HARBINDER S GHULLDU

MGR

03/30/2011

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