2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047668

Entity Name: CENTRAL FLORIDA HOLDING, LLC

FILED Apr 18, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2101 SW 20TH PLACE 2111 SW 20TH PLACE OCALA, FL 34471 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

2101 SW 20TH PLACE 2111 SW 20TH PLACE OCALA, FL 34471 0CALA, FL 34471

FEI Number: 20-4841143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PUTZEYS, ROBERT WARDLOW, RANDY
2101 SW 20TH PLACE
OCALA, FL 34471 US CALA, FL 34471 US

WARDLOW, RANDY
2111 SW 20TH PLACE
OCALA, FL 34471 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: RANDY WARDLOW 04/18/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: ELIGETI, RAMULU MD Address: 2111 SW 20TH PLACE City-St-Zip: OCALA, FL 34471

Title: MGRM

Name: MCGHEE, J. ROBERT D.O.
Address: 2101 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

Title: MGMR

 Name:
 DAS, CHANDRANATH L MD

 Address:
 2101 SW 20TH PLACE

 City-St-Zip:
 OCALA, FL 34471

Title: MGMR

 Name:
 KOKA, VIJAYA MD

 Address:
 2111 SW 20TH PLACE

 City-St-Zip:
 OCALA, FL 34471

Title: MGMR

 Name:
 RAO, SRISHA MD

 Address:
 2111 SW 20TH PLACE

 City-St-Zip:
 OCALA, FL 34471

Title: MGMF

Name: GUMMADI, SIVA MD Address: 2111 SW 20TH PLACE City-St-Zip: OCALA, FL 34471

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 Statues.

SIGNATURE: RAMULU ELIGETI, MD MGMR 04/18/2011

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