

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90038 027 ****55.00

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1. Entity Name
 CFH HOLDINGS, L.L.C.

Principal Place of Business
 3310 S.W. 34TH STREET
 OCALA, FL 34474

Mailing Address
 3310 S.W. 34TH STREET
 OCALA, FL 34474

60042574



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number

33-1148654

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
 1245 COURT STREET, SUITE 102
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	MGR	Joseph R Alonso, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	William F. Dersen, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	Justin Ferns, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	SIVA S. Gummadi, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	VIJAY K. MITTAL, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	MGR	Srinivasa K Murthy, MD	3310 SW 34 St	OCALA, FL 34474	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

[Handwritten Signature]

4/26/07

352-873-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #