


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90063 022 ***138.75

DOCUMENT # L06000049579	
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
---	---

60007433



01152008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1148654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALONSO, JOSEPH R 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRESEN MD, WILLIAM F 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNS MD, JUSTIN 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUMMADI MD, SIVA S 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITTAL MD, VIJAY K 3310 SW 34 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURTHY MD, SRINIVASA K 3310 SW 34 ST OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

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:  Joseph R Alonso, MD 1/15/08 352-873-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #