


**2008 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

**FILED**

08 JUL 17 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L06000049579</b>		
1. Entity Name CFH HOLDINGS, L.L.C.		

Principal Place of Business 3320 S.W. 33RD ROAD, SUITE 200 OCALA, FL 34474	Mailing Address 3320 S.W. 33RD ROAD, SUITE 200 OCALA, FL 34474
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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06302008 Chg-LLC CR2E083 (12/08)

4. FEI Number 33-1148654	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLEECE, JONATHAN D 802 11TH STREET WEST BLALOCK, WALTERS, HELD & JOHNSON, P.A. BRADENTON, FL 34205-7734		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALONSO, JOSEPH R MD <input checked="" type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Asad Qamar, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3320 S.W. 33rd Road Suite 200 Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DRESEN MD, WILLIAM F <input checked="" type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200133143383 07/18/08--01044--015 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNS MD, JUSTIN <input checked="" type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUMMADI MD, SIVA S <input type="checkbox"/> Delete <del>3310 SW 34 ST</del> <del>OCALA, FL 34474</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3320 S.W. 33rd Road Suite 200 Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIHAL, VIJAY K MD <input checked="" type="checkbox"/> Delete 3310 SW 34 ST. OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MURTHY MD, SRINIVASA K <input checked="" type="checkbox"/> Delete 3310 SW 34 ST OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Caicedo* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #