

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066544

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: CYNTRIST, LLC

**Current Principal Place of Business:**

965 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 940955  
MAITLAND, FL 32794 US

**New Mailing Address:**

FEI Number: 26-0419726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, ARTHUR M JR.  
965 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701 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 ( ) Delete  
Name: WRIGHT, ARTHUR M JR.  
Address: 409 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGR ( ) Delete  
Name: WRIGHT, LYNDIA H  
Address: 409 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHOICE MEDICAL, INC.,  
Address: 409 IPSWICH STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGR (X) Change ( ) Addition  
Name: C1 VALUE PARTNERS, L, LC  
Address: 2710 REW CIRCLE - STE 200  
City-St-Zip: OCOEE, FL 34761 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ARTHUR M. WRIGHT, JR.

MGR

04/28/2008

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