

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000306

1. Entity Name
COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.

FILED

00 JAN 12 PM 12:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
6800 N. DALE MABRY
SUITE 270-299
TAMPA FL 33614

Mailing Address
6800 N. DALE MABRY
SUITE 270-299
TAMPA FL 33614-3997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3254470

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, SANDIP I
122 SOUTH HOWARD AVENUE
TAMPA FL 33606**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
M PATEL, PRADIP C	11016 DALE MABRY HIGHWAY NORTH SUITE 202	TAMPA FL 33618	700003103657--0		
MGR SHAH, RUPESH	11016 DALE MABRY HIGHWAY NORTH SUITE 202	TAMPA FL 33618	-01/20/00--01013--001		
			*****50.00 *****50.00		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED *1/4/2000* *813-290-6281*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)