2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000306 1. Entity Name COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.							1	FILED FEB 12 AM 9: 58		
Principal Place of Business Mailing Address										
6800 N. DALE MABRY 6800 N SUITE 270-299 SUITE				00 N. DALE MABRY ITE 270-299 MPA FL 33614			TALL	RETARY OF STATE AHASSEE, FLORIDA		14 20110 0 311 1 00 3
Principal Place of Business 3. Mailing Address										
•										
Suite, Apt. #, etc. Suite, Apt. #, etc.						·.		DO NOT WRITE IN	THIS SPACE	,
City & State City				ty & State			4. FE	Number 59-3254470		pplied For lot Applicable
Zip Country ,			Zip Count			try	5. Ce	ertificate of Status Desired	\$5.00 Ac	
6. Name and Address of Current Registered Agent							7. Na	ame and Address of New Registe	·-··-	
. Name										-
PATEL, SANDIP I						Street Address (P.O. Box Number is Not Acceptable)				
122 SOUTH HOWARD AVENUE										
TAMPA FL 33606						City	 	 	Zip Coo	de
<u> </u>							intered coo	at as both in the State of Florida	FL Zip Coo	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										<u>.</u>
FILE NOW!!! FEE IS \$50.0 Make Check Payable to Departmen								2000037· -02/21/0 ******50	4426 2 101003- .00 ****	29 -022 *50.00
9.		MANAGING MEMBE	RS/ME	MBERS	10.		<u> </u>	L ADDITIONS/CHAI	NGES	
TITLE					TITLE		•	÷	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PATEL, PRADIP C 11016 DALE MABRY HIGHWAY NORTH SUITE 202					ET ADDRESS -ST-ZIP				
TITLE	MGR	LOVIO		☐ Delete	TITLE	:			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SHAH, RUPESH 11016 DALE MABRY HIGHWAY NORTH SUITE 202					E Et address -St-Zip				
TITLE	. IAIII.A I.	L 30010		☐ Delete	TITLE				☐ Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #										