

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90028 045 ****50.00

DOCUMENT # L94000000306

1. Entity Name

COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.S.

Principal Place of Business

Mailing Address

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

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

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



DO NOT WRITE IN THIS SPACE

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 **SANDIP I. Patel, Esquire**
 Street Address (P.O. Box Number is Not Acceptable) **6800 N. Dale Mabry Hwy, #268**
 City **Tampa, FL** Zip Code **33614**

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

Sandip Patel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002

900004954379--7
-02/19/02--01016--017
******200.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **M** Delete
 NAME **PATEL, PRADIP C**
 STREET ADDRESS **11016 DALE MABRY HIGHWAY NORTH SUITE 202**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **M** Change Addition
 NAME **Kiran C. Patel, M.D.**
 STREET ADDRESS **6800 N. Dale Mabry Hwy, #268**
 CITY-ST-ZIP **Tampa, FL 33614**

TITLE **MGR** Delete
 NAME **SHAH, RUPESH**
 STREET ADDRESS **11016 DALE MABRY HIGHWAY NORTH SUITE 202**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)