2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCÚMENT # L9400000306 1. Entity Name COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.							05	FILE APR 15 AN				
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				IALL,	AHASSEE, F	STATE LORIDA			
2. Principal Place of Business 8735 HENDERSON ROAD, REN 2			3. Mailing Address 8735 HENDERSON ROAD/REN 2									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02222005	Chg-LLC	CR2E08	33 (10/03)		
City & State TAMPA, FLORIDA			City & State TAMPA, FLORIDA				4. FEI Numb		•		plied For Applicable	
Zip 33634		Country USA	Zip 33634	Coun USA	•		5. Certificate of Status Desired		F	Fee Required		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
LEXISNEX 1201 HAYS TALLAHAS	S STREET		SINC.	Street A	Street Address (P.O. Box Number is Not Acceptable)							
		ļ										
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$50.00 Due by May 1, 2005									ke check pa a Departme	-		
9. MANAGING MEMBERS/MANAGE				ANAGERS 10.				ADDITIONS/CHANGES				
TITLE NAME	MGR Delete				E E	man — s				☐ Addition		
STREET ADDRESS CITY-ST-ZIP	·				ET ADDRESS - ST-ZIP	FARHA, TODD S. 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634						
TITLE NAME	MGR □ Delete SMITH, DAVID				E	MGR					Addition	
STREET ADDRESS CITY-ST-ZIP	6800 N. D TAMPA, F		ET ADDRESS - ST-ZIP	SMITH, DAVID 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634								
TITLE	MGR Delete III					MGR				☑ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	I				ET ADDRESS - ST- 2IP	BEREDAY, THADDEUS 8735 HENDERSON ROAD, REN 2 TAMPA, FL 33634						
TITLE	MGR Delete TI					MGR				Change	Addition	
NAME STREET ADDRESS	BEHRENS, PAUL L 6800 N DALE MABRY HWY STE 168				E Et address		ENS, PAUL I IENDERSON	L. I ROAD, REN 2			1	
CITY-ST-ZIP					-ST-ZIP		A. FL 33634	•				
TITLE NAME			☐ Delete	TITLE NAMI						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP							
TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -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: 4/12/05 813-290-6353												
J. W. 171		NO TYPED OF PRINTED NAME OF	CICNING MANAGING MEMOR	ED MANAGER OF	Liminares	000000	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					

ACCOUNT NO. :

072100000032

REFERENCE

315782

AUTHORIZATION

COST LIMIT

\$ 80.00

ORDER DATE: April 14, 2005

ORDER TIME : 2:38 PM

ORDER NO. : 315782-050

CUSTOMER NO: 7105070

CUSTOMER: Ms. Sandra L. Blake Greenberg Traurig, P.a.

Suite 500

800 Connecticut Avenue, N.w.

Washington, DC 20006

ANNUAL REPORT FILING

NAME:

COMPREHENSIVE HEALTH

MANAGEMENT OF FLORIDA, L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: