

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000306

FILED
Apr 06, 2006
Secretary of State

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

Current Principal Place of Business:

8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634

New Principal Place of Business:

8725 HENDERSON ROAD
REN 1
TAMPA, FL 33634

Current Mailing Address:

8735 HENDERSON ROAD, REN 2
TAMPA, FL 33634

New Mailing Address:

8735 HENDERSON ROAD
REN 2
TAMPA, FL 33634

FEI Number: 59-3254470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOUCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: FARHA, TODD S
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

Title: MGR () Delete
Name: SMITH, DAVID
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

Title: MGR () Delete
Name: BEREDAY, THADDEUS
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

Title: MGR () Delete
Name: BEHRENS, PAUL L
Address: 8735 HENDERSON ROAD, REN 2
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THADDEUS BEREDAY

MGR

04/06/2006

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