

Division of Corporations
Public Access System

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**EXAMINER** 



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDAL L.C.

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ANY OF STATE
ASSEE FLORIDA



September 21, 2009

## FLORIDA DEPARTMENT OF STATE

COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA L.C. **B735 HENDERSON ROAD** TAMPA, FL 33634

SUBJECT: COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.

REF: L94000000306

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This document cannot be backdated to September 14, 2009 without evidence that it was faxed and successfully delivered to our office on that date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H09000200406 Letter Number: 609A00030837

Please iskin organi ding date of submission and

P.O BOX 6327 - Tallahassee, Florida 32314 (3)

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Confirmations

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To:

Division of Corporations

Fax Number (850)617-6383

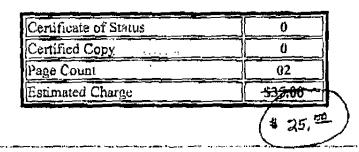
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

## REGISTERED AGENT CHANGE

## COMPREHENSIVE LOGISTICS, LLC

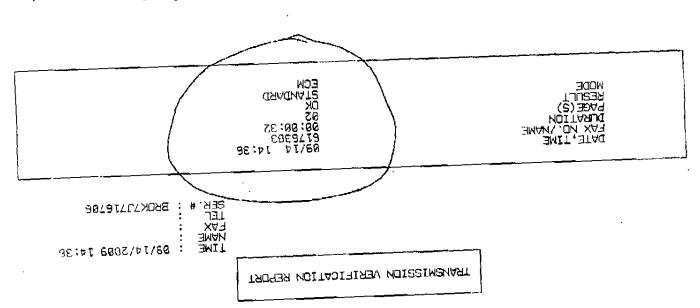


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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/14/2009



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statute ler to change its reg	es, the undersigned limited fistered office or registered	
1. Name of the limited liability company: Comp	Comprehensive Health Management of Florida, L.C.		
2. (a) Principal office address of limited liability compar	ny:		
(Note: MUST BE STREET ADDRESS)	8735 HENDERSON	ROAD TAMPA FL 33634	
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	8735 HENDERSON	ROAD TAMPA FL 33634	
06/30/94		94000000306	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	n the records of the I	lorida Dept. of State:	
Registered Agent:	LEXISNEXIS DOUCUMENT SOLUTIONS INC.		
Registered Office Address:	TALLAHASSEE FL 32301		
(b) Enter name of NEW Registered Agent and/or N	EW Registered Offi	ce address:	
NEW Registered Agent:	C T Corporation Sys	CT Corporation System	
NEW Registered Office Address:	1200 South Pine Island Road		
(MUST BE FLORIDA STREET ADDRESS)	Plantation,	FL 33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or suchorized representative of a member	Florida street addres ntical. Or, in the cas (s) was/were authori erwise provided in t	ss of the registered office se of a Florida limited zed by an affirmative vote	
Tim Light Manager			
Printed or typed name of signee  [ hereby accept the appointment as revistered agent and	agree to act in this	capacity. I further agree to	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability companies of CT Corporation System	proper and complete position as registere nerely reflect a chan ny has been notifica 20 Kelly S	performance of my duties, dagent as provided for in ge in the registered office in writing of this change, nedden	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

Signature of Registered Agent