

L9400000030L

Florida Department of State
Division of Corporations
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EXAMINER



H090002004063ABCV

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RE-SUBMIT*

To: Division of Corporations
Fax Number : (850) 617-6383

Please retain original filing date of submission

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Re-Send 9/14
Should have been filed on 9/14/09

REGISTERED AGENT CHANGE

COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.

Certificate of Status	0
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Page Count	023
Estimated Charge	\$35.00

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September 21, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.
8735 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 refile 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.

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Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H09000200406
Letter Number: 609A00030837

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TALLAHASSEE, FLORIDA

~~RE-SUBMIT~~
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been faxed
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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 : FC000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

REGISTERED AGENT CHANGE

COMPREHENSIVE LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	535.00

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09/14/2009

09/14 14:36 6176383 00:00:32 02 OK STANDARD ECM	DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE
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TIME : 09/14/2009 14:36
NAME :
FAX :
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TRANSMISSION VERIFICATION REPORT

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Comprehensive Health Management of Florida, L.C.

2. (a) Principal office address of limited liability company: _____
 (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

3. Date of filing/registration in Florida 06/30/94 4. Document number L094000000306

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: LEXISNEXIS DOCUMENT SOLUTIONS INC.
Registered Office Address: 1201 HAYS STREET
TALLAHASSEE FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: C T 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 laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Tim Light Manager
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System [Signature] Kelly Snedden
Signature of Registered Agent Asst. Secretary

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

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