

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0068532

DOCUMENT # L94000000306

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



FILED

2003 APR 23 PM 3:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.
3953 W.W, KELLEY ROAD
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

900016810989

04/23/03--01064--007 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME PATEL, KIRAN C M.D.
STREET ADDRESS 6800 N. DALE MABRY HWY., #268
CITY-ST-ZIP TAMPA FL 33614

TITLE MGR Change Addition
NAME TODD S. FARHA
STREET ADDRESS 6800 N. DALE MABRY HWY., #268
CITY-ST-ZIP TAMPA, FL 33614

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Change Addition
NAME DAVID SMITH
STREET ADDRESS 6800 N. DALE MABRY HWY., #268
CITY-ST-ZIP TAMPA, FL 33614

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Change Addition
NAME THADDEUS BEREDAY
STREET ADDRESS 6800 N. DALE MABRY HWY., #268
CITY-ST-ZIP TAMPA, FL 33614

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

4/21/03

813-290-6353

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

Date

Daytime Phone #

CR2E083 (10/02)