# 2000 UNIFORM BUSINESS REPORT (UBR)

Amended AR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -3 AM 9:02

DOCUMENT # L96000000414

1. Entity Name
CENTRAL FLORIDA HEALTH MANAGEMENT SERVICES, L.L.C

| Principal Place of Business | Mailing Address |
|---|---|
| 1600 LAKELAND HILLS BLVD<br>LAKELAND FL 33805 | 1600 LAKELAND HILLS BLVD<br>LAKELAND FL 33805 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1430 Lakeland Hills Blvd. | 1430 Lakeland Hills Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lakeland, FL | City & State: Lakeland, FL |
| Zip: 33805 Country: USA | Zip: 33805 Country: USA |

4. FEI Number: 59-3425771 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| PIOTROWSKI, STANLEY L<br>1600 LAKELAND HILLS BOULEVARD<br>LAKELAND FL 33804-5000 | Name: Piotrowski, Stanley L. MGR<br>Street Address (P.O. Box Number is Not Acceptable): 1430 Lakeland Hills Blvd.<br>City: Lakeland FL Zip Code: 33805 |

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.

SIGNATURE: _____ July 18, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

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*****55.00 *****55.00

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>WATSON CLINIC LLP<br>1600 LAKELAND HILLS BOULEVARD<br>LAKELAND FL 33805 | ☑ Delete | ☐ Change ☑ Addition | Robert H. Chapman, MD, Ph.D MGRM<br>1430 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 |
| | | ☐ Delete | ☐ Change ☑ Addition | Jorge Gonzalez, MD MGRM<br>1430 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 |
| | | ☐ Delete | ☐ Change ☑ Addition | Stanley L. Piotrowski MGR<br>1430 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 |
| | | ☐ Delete | ☐ Change ☑ Addition | Michael Callahan MGRM<br>1430 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 |
| | | ☐ Delete | ☐ Change ☑ Addition | Stephanie Guice MGRM<br>1430 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 |
| | | ☐ Delete | ☐ Change ☑ Addition | Bob Mahaffey MGRM<br>Vincent Carifi, MD MGRM<br>1430 Lakeland Hills Blvd/Lakeland, FL33805 |

CR2E083 (5/00)

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 July 18, 2000 (863) 680-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #