

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000414

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

Principal Place of Business
1430 LAKELAND HILLS BLVD.
LAKELAND FL 33805

Mailing Address
1430 LAKELAND HILLS BLVD.
LAKELAND FL 33805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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~~
1600 LAKELAND HILLS BOULEVARD
LAKELAND FL 33804-5000

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.

SIGNATURE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CHAPMAN, ROBERT H MD PH.D
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL 33805

TITLE MGRM ☐ Change ☒ Addition
NAME VINCENT CARIFI, MD
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND, FL 33805

TITLE MGRM ☐ Delete
NAME GONZALEZ, JORGE MD
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700003602827-5
CITY-ST-ZIP -01/30/01--01132--004
*****55.00 *****55.00

TITLE MGR ☐ Delete
NAME PIOTROWSKI, STANLEY L
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CALLAHAN, MICHAEL
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME GUICE, STEPHANIE
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MAHAFFEY, BOB
STREET ADDRESS 1430 LAKELAND HILLS BLVD.
CITY-ST-ZIP LAKELAND FL 33805

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:

Stanley L. Piotrowski

1/11/2001

(863) 680-7199

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

Date

Daytime Phone #

CR2E083 (11/00)

0019335
AT

FILED

01 JAN 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE