

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90082 049 ****55.00

DOCUMENT # L96000Q00414

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

1605 Lakeland Hills Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Same

Zip
33805

Country
Polk

Zip
Same

Country
Same

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

**PIOTROWSKI, STANLEY L
 1600 LAKELAND HILLS BOULEVARD
 LAKELAND FL 33804-5000**

7. Name and Address of New Registered Agent

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 Stanley L. Piotrowski

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAPMAN, ROBERT H MD PH.D 1430 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE MD 1430 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIOTROWSKI, STANLEY L 1430 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLAHAN, MICHAEL 1430 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUICE, STEPHANIE 1430 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAFFEY, BOB 1430 LAKELAND HILLS BLVD. LAKELAND FL 33805	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACO, LOUIS M.D. 1605 Lakeland Hills Boulevard Lakeland, Florida 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERNICANO, KEITH 1605 Lakeland Hills Boulevard Lakeland, Florida 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

28 April 02

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

Date

Daytime Phone #

CR2E083 (9/01)