# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 23 PM 1:35

DOCUMENT # L96000000414

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1605 LAKELAND HILLS BLVD.<br>LAKELAND, FL 33805 | 1605 LAKELAND HILLS BLVD.<br>LAKELAND, FL 33805 |

01122004 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2020 Edgewood Drive South<br>Suite, Apt. #, etc. | 2020 Edgewood Drive South<br>Suite, Apt. #, etc. |
| City & State: Lakeland, Florida | City & State: Lakeland, Florida |
| Zip: 33803 Country: USA | Zip: 33803 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<br>Street Address (P.O. Box Number is Not Acceptable)<br>City Zip Code |

300027521593
300027521693
01/23/04 01053 005 155.00
01/23/04 01053 004

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 Stanley L. Piotrowski 1/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SACO, LOUIS MD<br>1605 LAKELAND HILLS BOULEVARD<br>LAKELAND, FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Swengros, Stephen MD<br>1033 N. Frontage Rd<br>Lakeland, Florida 33803 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GONZALEZ, JORGE MD<br>1430 LAKELAND HILLS BLVD.<br>LAKELAND, FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>King, Howard G<br>500 East Central Avenue<br>Winter Haven, Florida 33880 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>PIOTROWSKI, STANLEY L<br>1430 LAKELAND HILLS BLVD.<br>LAKELAND, FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Pernicano, Keith<br>1430 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>PERNICANO, KEITH<br>1605 LAKELAND HILLS BOULEVARD<br>LAKELAND, FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Guice, Stephanie<br>2020 Edgewood Drive South<br>Lakeland, Florida 33803 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GUICE, STEPHANIE<br>1430 LAKELAND HILLS BLVD.<br>LAKELAND, FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Gonzalez, Jorge MD<br>1605 Lakeland Hills Boulevard<br>Lakeland, Florida 33805 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SHOREIBAH, AHMED G MD<br>1605 LAKELAND HILLS BOULEVARD<br>LAKELAND, FL 33805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Stephanie Guice 1/12/04 863-668-3400
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Stephanie Guice, Executive Director