


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L96000000414 1. Entity Name CENTRAL FLORIDA HEALTH MANAGEMENT SERVICES L.C.	
--	---

Principal Place of Business 2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803	Mailing Address 2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803
--	--

DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC

CR2E083 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACO, LOUIS MD 1605 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE MD 1605 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIOTROWSKI, STANLEY L 1430 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERNICANO, KEITH 1430 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUICE, STEPHANIE 2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOREIBAH, AHMED G MD 1605 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805

1100000181537
01/18/05-80001-022 55.00

**DO NOT WRITE
IN THIS SPACE**

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

1/07/05 *863-668-3401*
Date Daytime Phone #