2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L960000G0414

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

Suite, Apt. #, etc.

PIOTROWSKI, STANLEY L

LAKELAND, FL 33804-5000

1600 LAKELAND HILLS BOULEVARD

City & State

Zip

2. Principal Place of Business - No P.O. Box #

CENTRAL FLORIDA HEALTH MANAGEMENT SERVICES



FILED Jan 16, 2008 8:00 am **Secretary of State**

01-16-2008 90052 003 ***143.75

IVE SOUTH	Mailing Address 2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803		1	60001702			
usiness - No P.O. Box #	3. Mailing Address	i					
	Suite, Apt. #, etc.			01072008	Chg-LLC	CR2I	E083 (12/06)
	City & State			4. FEI Number Applied F 59-3425771 Not Appli			
Country	Zip	Count	Country		f Status Desired	Ø	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and A	ddress of New Re	egistere	d Agent
FANLEY L			Name				
HILLS BOULEVARD	Street Ac		Street Address (tdress (P.O. Box Number is Not Acceptable)			
			City			F	L Zip Code
		2020 EDGEWOO 3 LAKELAND, FL 3 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc City & State Country Zip are and Address of Current Registered Agent TANLEY L HILLS BOULEVARD	2020 EDGEWOOD DRIVE SOUTH 3 2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Count TANLEY L HILLS BOULEVARD	2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. City & State Country Zip Country Ime and Address of Current Registered Agent Name TANLEY L HILLS BOULEVARD 33804-5000	2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. 01072008 City & State 4. FEI Number 59-3425 Country Zip Country 5. Certificate o ume and Address of Current Registered Agent 7. Name and A TANLEY L HILLS BOULEVARD 33804-5000	2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 01072008 Chg-LLC City & State 4. FEI Number 59-3425771 Country Zip Country 5. Certificate of Status Desired TANLEY L HILLS BOULEVARD 33804-5000 GOOD 17 COUNTY TIPE TO THE PROOF	2020 EDGEWOOD DRIVE SOUTH LAKELAND, FL 33803 usiness - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 01072008 Chg-LLC CR2 City & State 4. FEI Number 59-3425771 Country Zip Country 5. Certificate of Status Desired 1. Name and Address of New Registere TANLEY L HILLS BOULEVARD 33804-5000

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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

Make check payable to Florida Department of State

DATE

9.	MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES					
NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACO, LOUIS MD 1605 LAKELAND HILLS BOULEVARD ŁAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition 1600 Lakeland Hills Boulevard				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE MD 1605 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑Change ☐ Addition 1600 Lakeland Hills Boulevard				
NAME STREET ADDRESS CITY-ST-ZIP	MGR PIOTROWSKI, STANLEY L 1430 LAKELAND HILLS BLVD. LAKELAND, FL 33805	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ¹				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMPKINS, JAMES 3020 DOGWOOD DRIVE SOUTH LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change □ Addition 2020 Edgewood Drive South				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOREIBAH, AHMED G MD 1605 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑Change ☐ Addition 1600 Lakeland Hills Boulevard				
NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 exemptions contained in Chapter 119, 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 AND TYPED OR PRI

TED NAME OF SUMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan.

863-668-3401

Daytime Phone #