2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# L96000000414

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

Current Principal Place of Business:

2020 EDGEWOOD DRIVE SOUTH
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2020 EDGEWOOD DRIVE SOUTH
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-3425771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIOTROWSKI, STANLEY L
1600 LAKELAND HILLS BOULEVARD
LAKELAND, FL 338045000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SACO, LOUIS MD	
Address:	1600 LAKELAND HILLS BLVD	
City-St-Zip:	LAKELAND, FL 33805	
Title:	MGRM	( ) Delete
Name:	GONZALEZ, JORGE MD	
Address:	1600 LAKELAND HILLS BLVD	
City-St-Zip:	LAKELAND, FL 33805	
Title:	MGR	( ) Delete
Name:	PIOTROWSKI, STANLEY L	
Address:	1430 LAKELAND HILLS BLVD.	
City-St-Zip:	LAKELAND, FL 33805	
Title:	MGRM	( ) Delete
Name:	TOMPKINS, JAMES	
Address:	2020 EDGEWOOD DR SOUTH	
City-St-Zip:	LAKELAND, FL 33803	
Title:	MGRM	( ) Delete
Name:	SHOREIBAH, AHMED G MD	
Address:	1600 LAKELAND HILLS BLVD	
City-St-Zip:	LAKELAND, FL 33805	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES TOMPKINS MGRM 06/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date