

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000414

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**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 (X)**

**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  
**Name:** SACO, LOUIS MD  
**Address:** 1600 LAKELAND HILLS BLVD  
**City-St-Zip:** LAKELAND, FL 33805

**Title:** MGRM  
**Name:** GONZALEZ, JORGE MD  
**Address:** 1600 LAKELAND HILLS BLVD  
**City-St-Zip:** LAKELAND, FL 33805

**Title:** MGR  
**Name:** PIOTROWSKI, STANLEY L  
**Address:** 1430 LAKELAND HILLS BLVD.  
**City-St-Zip:** LAKELAND, FL 33805

**Title:** MGRM  
**Name:** TOMPKINS, JAMES  
**Address:** 2020 EDGEWOOD DR SOUTH  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** MGRM  
**Name:** SHOREIBAH, AHMED G MD  
**Address:** 1600 LAKELAND HILLS BLVD  
**City-St-Zip:** LAKELAND, FL 33805

I hereby 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

02/01/2010

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