2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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 Statues.

SIGNATURE: JAMES TOMPKINS MGRM 02/08/2011

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