

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000414

FILED
Jan 04, 2012
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 ()

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: STANLEY L. PIOTROWSKI

MGRM

01/04/2012

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