

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002205

1. Entity Name

COMPUTERIZED HEALTH CARE MANAGEMENT
SERVICES, L.L.C.



Principal Place of Business

2201 BROOKHOLLOW PLAZA, #450
ARLINGTON, TX 76006

Mailing Address

2201 BROOKHOLLOW PLAZA, #450
ARLINGTON, TX 76006



04152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2649689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, LARRY M 2201 BROOKHOLLOW PLAZA, #450 ARLINGTON, TX 76006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR, SHARON R 2201 BROOKHOLLOW PLAZA, #450 ARLINGTON, TX 76006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, CHRIS 2201 BROOKHOLLOW PLAZA #450 ARLINGTON, TX 76006
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-15-04

Date

817-649-1166

Daytime Phone #