

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001432

FILED
Apr 25, 2008
Secretary of State

Entity Name: MANAGEMENT HEALTH SERVICES, LLC

Current Principal Place of Business:

3201 WEST COMMERCIAL BLVD.
SUITE 116
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9386
COLUMBUS, GA 31908 US

New Mailing Address:

FEI Number: 13-4273462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASTEN, MONTE C
3201 WEST COMMERCIAL BLVD.
SUITE 116
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

STARKS, M W
3201 WEST COMMERCIAL BLVD.
SUITE 116
FORT LAUDERDALE, FL 33309 US

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: M W STARKS

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEMONIER, MICHAEL K
Address: 5608 PRINCETON AVENUE
City-St-Zip: COLUMBUS, GA 31908

Title: MGR () Delete
Name: PARKER, JAMES H
Address: 5608 PRINCETON AVENUE
City-St-Zip: COLUMBUS, GA 31908

Title: MGR () Delete
Name: KASTEN, MONTE C
Address: 3201 WEST COMMERCIAL BLVD., STE.116
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR (X) Delete
Name: KASTEN, TODD S
Address: 3201 WEST COMMERCIAL BLVD., STE.116
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: STARKS, M W
Address: 109 MARSH CREEK RD
City-St-Zip: FERNANDA BEACH, FL 32304

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 H PARKER

MGR

04/25/2008

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