## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M04000001432

City-St-Zip: FERNANDA BEACH, FL 32304

Entity Name: MANAGEMENT HEALTH SERVICES, LLC

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ST COMMERCIA						
SUITE 116 FORT LAU	S JDERDALE, FL	33309	US				
Current Mailing Address:				New Mailing Address:			
P. O. BOX COLUMBL	.9386 JS, GA 31908	US					
FEI Number:	: 13-4273462	FEI Num	ber Applied For()	FEI Number Not Applicable	( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: N				Name and Add	Name and Address of New Registered Agent:		
1200 SOU PLANTATI The above	e of Florida.	ID ROAD US		ourpose of changing its reg	gistered office or registered agent, or both		
Electronic Signature of Registered Agent				ent	Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANG	GES:		
Title: Name: Address: City-St-Zip:	MGR () LEMONIER, MIC 5608 PRINCETO COLUMBUS, GA	N AVENUE	≣	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MGR () PARKER, JAME: 5608 PRINCETO COLUMBUS, GA	N AVENUE	Ē	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address:	MGR () STARKS, M W	Delete		Title: Name:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: JAMES H PARKER MGR 01/29/2009