

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001432

**FILED**  
**Apr 26, 2011**  
**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGR  
**Name:** LEMONIER, MICHAEL K  
**Address:** 5608 PRINCETON AVENUE  
**City-St-Zip:** COLUMBUS, GA 31908

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

**Title:** MGR  
**Name:** STARKS, M W  
**Address:** 109 MARSH CREEK RD  
**City-St-Zip:** FERNANDA BEACH, FL 32304

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:** JAMES PARKER

MGR

04/26/2011

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