

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004095

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEALTH SERVICES MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

6208 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

6208 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 20-5198485

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: MGRM () Delete
Name: HEALTH SERVICES MANAGEMENT, INC.
Address: 714 CHURCH STREET, STE A
City-St-Zip: MURFREESBORO, TN 37130

Title: MGRM () Delete
Name: BELL, JAMES E PRESIDE
Address: 6208 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP () Delete
Name: SWEENEY, RICK E VP/SEC
Address: 714 S CHURCH STREET, SUITE A
City-St-Zip: MURFREESBORO, TN 37130

Title: DIR () Delete
Name: SWEENEY, MARSHALL P DIRECTO
Address: 714 S CHURCH STREET, SUITE A
City-St-Zip: MURFREESBORO, TN 37130

Title: MGR () Delete
Name: NEELY, WILLIAM H MEMBER
Address: 714 S CHURCH STREET, SUITE A
City-St-Zip: MURFREESBORO, TN 37130

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEALTH SERVICES MANAGEMENT, INC.
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

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

Title: VP (X) Change () Addition
Name: SWEENEY, RICK E VP/SEC
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

Title: DIR (X) Change () Addition
Name: SWEENEY, MARSHALL P DIRECTO
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

Title: MGRM (X) Change () Addition
Name: NEELY, WILLIAM H MEMBER
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

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 ERIC BELL

PRES

04/30/2009

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