

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004095

FILED
Mar 08, 2011
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 (X)

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: SD
Name: BELL, JAMES E
Address: 6208 W CORPORATE OAKS DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: PD
Name: SWEENEY, RICK E
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

Title: D
Name: NEELY, WILLIAM
Address: 206 FORTRESS BLVD
City-St-Zip: MURFREESBORO, TN 37128

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 ERIC BELL

SD

03/08/2011

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