

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000377

FILED
Jan 21, 2004
Secretary of State

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA LLC

Current Principal Place of Business:

100 FIRST AVENUE SOUTH, SUITE 600
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 FIRST AVENUE SOUTH, SUITE 600
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 36-4517292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, GARY
100 FIRST AVENUE SOUTH, SUITE 600
ST PETERSBURG, FL 33701 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SIMMONS, GARY
Address: 100 FIRST AVENUE SOUTH, SUITE 600
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Change (X) Addition
Name: MASTERS, MICHAEL
Address: 100 FIRST AVENUE SOUTH, SUITE 600
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY SIMMONS

MGRM

01/21/2004

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