

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000377

FILED  
Jan 31, 2005  
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:** MGRM ( ) Delete  
**Name:** SIMMONS, GARY  
**Address:** 100 FIRST AVENUE SOUTH, SUITE 600  
**City-St-Zip:** ST. PETERSBURG, FL 33701

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

**ADDITIONS/CHANGES:**

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

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

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

01/31/2005

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