2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2010
Secretary of State

DOCUMENT# L03000000377

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA LLC

Current Principal Place of Business:

1004 118TH AVE. N.
ST. PETERSBURG, FL 337162332 US

New Principal Place of Business:

1004 118TH AVENUE N.
ST PETERSBURG, FL 33716 US

Current Mailing Address:

1004 118TH AVE. N.
ST. PETERSBURG, FL 337162332 US

New Mailing Address:

1000 118TH AVENUE N.
ST PETERSBURG, FL 33716 US

FEI Number: 36-4517292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KADOURA, BRUCE
7887 BRYAN DAIRY ROAD
SUITE 190
LARGO, FL 33777 US

Name and Address of New Registered Agent:

SCHMIDT, JENNIFER M
1000 118TH AVENUE N
ST PETERSBURG, FL 33716 US

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: JENNIFER M SCHMIDT 05/02/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FREEMAN, BARBARA MD
Address: 1000 118TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: TS
Name: SCHMIDT, DALE F
Address: 1000 118TH AVENUE N
City-St-Zip: ST PETSRBURG, FL 33716 US

Title: MGR
Name: SAINZ, EUGENIO R JR
Address: 1000 118TH AVENUE N
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: MGR
Name: FREEMAN, BARBARA MD
Address: 1000 118TH AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33716 US

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 Statues.

SIGNATURE: DALE F SCHMIDT TS 05/02/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date