




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90341 005 \*\*\*\*50.00

<b>DOCUMENT # L05000033014</b> 1. Entity Name <b>GULFSIDE SURGICAL ASSOCIATES, P.L.</b>					
Principal Place of Business <b>7515 STATE ROAD 52, SUITE 102 HUDSON, FL 34667</b>			Mailing Address <b>7515 STATE ROAD 52, SUITE 102 HUDSON, FL 34667</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40097796</div>  <div style="margin-top: 10px;">           02022007    Chg-LLC    CR2E083 (12/06)         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-2619427</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40097796</div>  <div style="margin-top: 10px;">           02022007    Chg-LLC    CR2E083 (12/06)         </div>	
6. Name and Address of Current Registered Agent  <b>MARTIN, LAURENCE J MD 7515 STATE ROAD 52, SUITE 102 HUDSON, FL 34667</b>					
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City					
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>MGRM MARTIN, CONDON &amp; THENDONCA PL 7515 STATE RD 52 STE 102 HUDSON, FL 34667</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete         </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>MARTIN, CONDON &amp; MENDONCA, PL</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition         </div> </div>		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> <div style="font-size: 24px; font-weight: bold;">4/24/07</div> <div style="font-size: 24px; font-weight: bold;">27-8630008</div> </div> <div style="width: 40%; text-align: right;"> <div style="font-size: 24px; font-weight: bold;">4/24/07</div> <div style="font-size: 24px; font-weight: bold;">27-8630008</div> </div> </div>					