

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000033014**  
 1. Entity Name  
 GULFSIDE SURGICAL ASSOCIATES, P.L.



Principal Place of Business      Mailing Address  
 7515 STATE ROAD 52, SUITE 102      7515 STATE ROAD 52, SUITE 102  
 HUDSON, FL 34667      HUDSON, FL 34667

**DO NOT WRITE IN THIS SPACE**



01312008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-2619427	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
 MARTIN, LAURENCE J MD  
 7515 STATE ROAD 52, SUITE 102  
 HUDSON, FL 34667

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTIN, CONDON & MENDONCA, PL 7515 STATE RD 52 STE 102 HUDSON, FL 34667
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U00000903875  
 04/30/08-80062-023 138.75

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *[Signature]*      *4/9/2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #