

**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

7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667

Mailing Address

7515 STATE ROAD 52, SUITE 102
HUDSON, FL 34667



01312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2619427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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

Signature, typed or printed name of registered agent and title if applicable.

(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 | MGRM |
| NAME | MARTIN, CONDON & MENDONCA, PL |
| STREET ADDRESS | 7515 STATE RD 52 STE 102 |
| CITY - ST - ZIP | HUDSON, FL 34667 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #