

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000033014

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** GULFSIDE SURGICAL ASSOCIATES, P.L.

**Current Principal Place of Business:**

7515 STATE ROAD 52, SUITE 102  
HUDSON, FL 34667

**New Principal Place of Business:**

7614 JACQUE ROAD  
SUITE B  
HUDSON, FL 34667 US

**Current Mailing Address:**

7515 STATE ROAD 52, SUITE 102  
HUDSON, FL 34667

**New Mailing Address:**

11373 CORTEZ BLVD  
SUITE 201  
BROOKSVILLE, FL 34613 US

**FEI Number:** 20-2619427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MENDONCA, HUGO L MD  
7614 JACQUE ROAD, SUITE B  
HUDSON, FL 34667 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARTIN, CONDON & MEN, DONCA, PL  
Address: 7515 STATE RD 52 STE 102  
City-St-Zip: HUDSON, FL 34667

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GULFSIDE SURGICAL AS, SOCIATES PL  
Address: 7614 JAQUE RD.  
City-St-Zip: HUDSON, FL 34667 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** HUGO L. MENDONCA MD

MGR

01/16/2009

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