

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000004939

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE MEDICAL OFFICES, LLC

**Current Principal Place of Business:**

2665 STATE ROAD 580  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

2665 STATE ROAD 580  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 59-3706900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKS, MARIA C  
1600 SPARKLING COURT  
DUNEDIN, FL 34698 US

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

ANTONELLI, VERONICA  
2665 STATE ROAD 580  
CLEARWATER, FL 33761 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: VERONICA ANTONELLI

06/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARKS, JEFFREY MD  
Address: 1600 SPARKLING COURT  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM  
Name: NARDONE, BRIAN  
Address: 2172 HARBORVIEW  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM  
Name: WOLFF, JOY  
Address: 2172 HARBORVIEW  
City-St-Zip: DUNEDIN, FL 34698

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 Statutes.

SIGNATURE: JEFFREY MARKS

MGRM

06/14/2011

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