2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90023 020 ****55.00

DOCUMENT # L01000016279 1. Entity Name WESTSIDE CLINIC, P.L.						:	04-28-2005	90023 0	20 ****5.	5.00
Dringing Plan	e of Business	· ·	Mailing Address			-				
Principal Place of Business 4124 BLANDING BLVD.			_							
IACKSONVILLE, FL 32210			4124 BLANDING BLVD. JACKSONVILLE, FL 32210				44000			
MOTOONTIEEE, 12 SEE 10			MICHOUTTIEEE, I'E OEE	- 10			140027	31		
2. Principal Place of Business			3. Mailing Address							
	-					4	140027 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01102005	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Numbe	,		ΙAn	plied For
City & State		City & State		59-374			<u> </u>	t Applicable		
Zip	Zip Country		Zip Country		try	\$5.00 *********				
2.5				5. Certificate	of Status Desired		ee Require			
	6. Name and	Address of Current F	legistered Agent			7. Name and	Address of New R	egistered A	gent	
					Name					
FLYNN, RICHARD J M.D.			Street Address			/P O Boy Numbe	r is Not Acceptable			
4124 BLAN			Sireer Address	(r.O. box (valide		"				
JACKSON	VILLE, FL 32	.210								
					City				Zip Code	•
					City			FL	Zip Code	3
			the purpose of changing its	register	ed office or registe	red agent, or both	h, in the State of Flo	rida. Lam f	amiliar with,	and accept
the obligat	ions of registered	l agent.								
SIGNATURE .										
	Signature, typed or prin	nted name of registered agent ar	nd title if applicable. (NOTE	Registere	d Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00										
Fi	iling Fee is \$	50.00 2005						e check pa	•	
Fi Di	iling Fee is \$ ue by May 1,	50.00 2005							ayable to ent of State	•
Fi Di	iling Fee is \$ ue by May 1,	50.00 2005 MANAGING MEMBER	RS/MANAGERS	10.				Departme	•	•
Dı	Iling Fee is \$ ue by May 1,	2005	RS/MANAGERS	10.	<u> </u>		Florida	Departme	•	Addition
9.	ue by May 1,	MANAGING MEMBER		-			Florida	Departme	ent of State	
9.	we by May 1, MGRM	2005 MANAGING MEMBEF		TITLE NAM STRE	EET ADORESS		Florida	Departme	ent of State	
9. TITLE NAME	MGRM GOUCH, DAV	2005 MANAGING MEMBEF		TITLE NAM STRE	Ε		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM GOUCH, DAV	MANAGING MEMBER /ID NG BLVD.		TITLE NAM STRE	E ET ADORESS -ST-ZIP		Florida	Departme	ent of State	
9. TITLE NAME STREET ADORESS CHY-ST-ZIP	MGRM GOUCH, DAV 4124 BLANDI JACKSONVIL MGRM FLYNN, RICH	MANAGING MEMBER /ID NG BLVD. LLE, FL 32210	☐ Delete	NAM STRE CITY TITL	E EET ADORESS -ST-ZIP E E		Florida	Departme	Change	☐ Addition
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