

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000016279

1. Entity Name
WESTSIDE CLINIC, P.L.



Principal Place of Business
4124 BLANDING BLVD.
JACKSONVILLE, FL 32210

Mailing Address
4124 BLANDING BLVD.
JACKSONVILLE, FL 32210



04112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3745583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
- Fee Required -

6. Name and Address of Current Registered Agent

FLYNN, RICHARD J M.D.
4124 BLANDING BLVD.
JACKSONVILLE, FL 32210

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOUCH, DAVID
4124 BLANDING BLVD.
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FLYNN, RICHARD J
4124 BLANDING BLVD.
JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000925857
05/20/08-80042-025 138.75

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

Date

Daytime Phone #

Richard Flynn

4/23/08

(904)861-3627