

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016279

Entity Name: WESTSIDE CLINIC, P.L.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4124 BLANDING BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4124 BLANDING BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

4124 BLANDING BLVD
JACKSONVILLE, FL 32210

FEI Number: 59-3745583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLYNN, RICHARD J M.D.
4124 BLANDING BLVD.
JACKSONVILLE, FL 32210 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: GOUCH, DAVID
Address: 4124 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: FLYNN, RICHARD J
Address: 4124 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD J FLYNN

MGRM

04/16/2009

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