

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005709

FILED  
Apr 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9387 S.W. 72ND COURT  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

9387 S.W. 72ND COURT  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 01-0664675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, CHERYL M  
9387 S.W. 72ND COURT  
OCALA, FL 34476 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: LEE, KENNETH B  
Address: PO BOX 770719  
City-St-Zip: OCALA, FL 34477

Title: MGRM ( ) Delete  
Name: LEE, CHERYL M  
Address: PO BOX 770719  
City-St-Zip: OCALA, FL 34477

**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:** CHERYL LEE

MGRM

04/19/2009

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