

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031409

FILED
Apr 20, 2004
Secretary of State

Entity Name: HARBORSIDE FAMILY MEDICINE, P.L.

Current Principal Place of Business:

1650 WINDING CREEK RD
DUNEDIN, FL 34698

New Principal Place of Business:

2122 ALTERNATE 19
SUITE B
PALM HARBOR, FL 34683

Current Mailing Address:

1650 WINDING CREEK RD
DUNEDIN, FL 34698

New Mailing Address:

2122 ALTERNATE 19
SUITE B
PALM HARBOR, FL 34683

FEI Number: 45-0493116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A
205 N PARSONS AVE
SUITE A
BRANDON, FL 335104515 US

Name and Address of New Registered Agent:

MIKOS, CYNTHIA A
2018 EAST 4TH AVENUE
TAMPA, FL 336055216 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:

04/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHRISTMAN, DOROTHY T
Address: 1650 WINDING CREEK RD.
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: GAUSE, GARVETT B
Address: 1722 MARINER WAY
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GAUSE, GARRETT B
Address: 1722 MARINER WAY
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOROTHY T. CHRISTMAN, M.D.

MGRM

04/20/2004

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