2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# L02000031409

Entity Name: HARBORSIDE FAMILY MEDICINE, P.L.

Current Principal Place of Business:

2122 ALTERNATE 19
SUITE B
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2122 ALTERNATE 19
SUITE B
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 45-0493116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, DAVID A
1650 WINDING CREEK ROAD
DUNEDIN, FL 34698 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: CHRISTMAN, DOROTHY T
Address: 1650 WINDING CREEK RD.
City-St-Zip: DUNEDIN, FL 34698

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

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 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: DOROTHY T. CHRISTMAN MGRM 03/07/2007

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