2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
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 (X)**

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:

PARKER, DAVID A
2122 ALTERNATE 19
SUITE B
PALM HARBOR, FL 34683 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: DAVID PARKER 01/12/2009
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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHRISTMAN, DOROTHY T
Address: 2122 ALTERNATE 19, SUITE B
City-St-Zip: PALM HARBOR, FL 34683

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: DOROTHY T. CHRISTMAN MGRM 01/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date