

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031409

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**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  
2122 ALTERNATE 19  
SUITE B  
PALM HARBOR, FL 34683 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  
**Name:** CHRISTMAN, DOROTHY T  
**Address:** 2122 ALTERNATE 19, SUITE B  
**City-St-Zip:** PALM HARBOR, FL 34683

I hereby 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

01/06/2010

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