2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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
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

Title: MGRM
Name: PARKER, DAVID A
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 Statues.

SIGNATURE: DOROTHY T CHRISTMAN MGRM 04/06/2011

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