

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031409

FILED
Jan 09, 2012
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 ()

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 Statutes.

SIGNATURE: DAVID PARKER

MGRM

01/09/2012

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