

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90021 025 ****50.00

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02212005 Chg-LLC CR2E083 (10/03)

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|---|--|--|---|--|---|
| DOCUMENT # L04000025954 1. Entity Name GULF COAST HEALTH SERVICES, LLC | | | | | |
| Principal Place of Business 2344 BEE RIDGE ROAD #114 SARASOTA, FL 34239 | | | Mailing Address C/O RONNY J. HALPERIN, PA 312 SE 17TH STREET, SECOND FLOOR FT. LAUDERDALE, FL 33316 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 20-0967031 | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent RONNY J. HALPERIN, PA 312 SE 17TH STREET SECOND FLOOR FT. LAUDERDALE, FL 33316 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>Managing Member</i> Michael Juceam 4752 Sweetmorrow Circle Sarasota, FL 34238 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Michael Juceam</i> Michael Juceam | | | 4/4/05 941-929-1966 <small>Date Daytime Phone #</small> | | |