2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000025954

1. Entity Name GULF COAST HEALTH SERVICES, LLC



FILED Mar 02, 2006 08:00 Al Secretary of State

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



DO NOT WRITE IN THIS SPACE

02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0967031

Applied For Not Applicable

941-929-1960

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME O

RONNY J. HALPERIN, PA 312 SE 17TH STREET SECOND FLOOR FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstaling) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUCEAN, MICHAEL 4752 SWEET MEADOW CIRCLE SARASOTA, FL 34238	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		U00000453 44 0 03/14/06-80022-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 affect as it made under cath; 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.		

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE