2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L05000031175

Entity Name: PORTSIDE CARE CENTER, LLC

Current Principal Place of Business:

3832 LONG GROVE LANE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3832 LONG GROVE LANE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 34-2045727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ODU, STEPHEN
3778 MAPLE GROVE COURT
PORT ORANGE, FL 32129 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: MGR ( ) Delete
Name: ODU, STEPHEN
Address: 3778 MAPLE GROVE COURT
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR ( ) Delete
Name: ODU, BEATRICE
Address: 3778 MAPLE GROVE COURT
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEPHEN ODU MGR 03/26/2009

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