

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031175

Entity Name: PORTSIDE CARE CENTER, LLC

FILED  
Mar 22, 2011  
Secretary of State

**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  
Name: ODU, STEPHEN  
Address: 3778 MAPLE GROVE COURT  
City-St-Zip: PORT ORANGE, FL 32129

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

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: STEPHEN ODU

MGN

03/22/2011

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