

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000037095

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** DOLPHINS VIEW HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

1820 SHORE DRIVE SOUTH  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

1820 SHORE DRIVE SOUTH  
SOUTH PASADENA, FL 33707 US

**Current Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146

**New Mailing Address:**

PO BOX 467065  
ATLANTA, GA 31146 US

**FEI Number:** 20-4865524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ROSS, MICHAEL T  
Address: 1820 SHORE DRIVE SOUTH  
City-St-Zip: SOUTH PASADENA, FL 33707 US

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: MICHAEL T. ROSS

MGR

04/27/2010

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