

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011298

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** GULF SHORE MEDICAL PARTNERS, LLC

**Current Principal Place of Business:**

15505 MOTEROSSO LANE  
UNIT 101  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

15505 MOTEROSSO LANE  
UNIT 101  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 20-8343604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GULF SHORE CAPITAL PARTNERS, LLC  
15505 MONTEROSSO LANE  
UNIT 101  
NAPLES, FL 34110 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: GULF SHORE CAPITAL PA, RTNERS, LLC  
Address: 15505 MONTEROSSO LANE, UNIT 101  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: BRIAN FLANAGAN CONSU, LTING, LLC  
Address: 4003 W. SAN LUIS ST.  
City-St-Zip: TAMPA, FL 33629

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: MAX MAZZONE

MGR

04/02/2008

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