

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050104

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** GULFSIDE HEALTH & REHAB CENTER, L.L.C.

**Current Principal Place of Business:**

6710 EMBASSY BOULEVARD  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

8316 HANLEY ROAD  
SUITE 1  
TAMPA, FL 33634 US

**Current Mailing Address:**

9438 US HIGHWAY 19 NORTH  
182  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

**FEI Number:** 06-1814894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DIAMANTIDES, STEPHEN  
6710 EMBASSY BOULEVARD  
PORT RICHEY, FL 34668 US

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

DIAMANTIDES, STEPHEN  
9438 US HIGHWAY 19 NORTH  
182  
PORT RICHEY, FL 34668 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIAMANTIDES, STEPHEN  
Address: 6710 EMBASSY BOULEVARD  
City-St-Zip: PORT RICHEY, FL 34668 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DIAMANTIDES, STEPHEN  
Address: 9438 US HIGHWAY 19 NORTH #182  
City-St-Zip: PORT RICHEY, FL 34668 US

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 DIAMANTIDES

MGRM

02/16/2009

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