

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079084

FILED
Apr 30, 2010
Secretary of State

Entity Name: BAYSIDE FAMILY HEALTHCARE CLEARWATER, LLC

Current Principal Place of Business:

107 MCMULLEN BOOTH ROAD NORTH
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

107 MCMULLEN BOOTH ROAD NORTH
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 35-2312012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, PATRICK E
107 MCMULLEN BOOTH ROAD NORTH
CLEARWATER, FL 33759 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: MGRM
Name: HICKEY, PATRICK E
Address: 1775 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

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: PATRICK HICKEY

MR

04/30/2010

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