2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# L08000006305

Entity Name: BLUE OCEAN HEALTHCARE, LLC

Current Principal Place of Business:

4000 LEA MARIE ISLAND DRIVE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

21300 GERTRUDE AVE
SUITE 1
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

4000 LEA MARIE ISLAND DRIVE
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELL, STEVEN D
4000 LEA MARIE ISLAND DRIVE
PORT CHARLOTTE, FL 33952 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: SHELL, STEVEN D
Address: 4000 LEA MARIE ISLAND DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM ( ) Delete
Name: SHELL, STEPHANIE J
Address: 4000 LEA MARIE ISLAND DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES:

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

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

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: STEVEN D. SHELL MGR 02/08/2009

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