2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# L08000006628

Entity Name: GULFCOAST IPA, LLC

Current Principal Place of Business:

12271 US HIGHWAY 301 NORTH
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

PO BOX 499
PARRISH, FL 34219

New Mailing Address:

FEI Number: 26-1938649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMISON, JAMES E ESQUIRE
WALTERS LEVINE KINGENSMITH & THOMISON, PA
1800 2ND STREET, SUITE 808
SARASOTA, FL 34236 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 ( ) Delete
Name: MANATEE COUNTY RURAL HEALTH SERVICES, INC
Address: PO BOX 499
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

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: WALTER L PRESHA, PRESIDENT & CEO MGMR 07/02/2009

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