

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050632

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** HEALTHCARE INVESTORS OF WEST FLORIDA, LLC

**Current Principal Place of Business:**

270 CLEARWATER LARGO ROAD NORTH  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

270 CLEARWATER LARGO ROAD NORTH  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 26-2662638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EL-YOUSEF, HASSAN K  
270 CLEARWATER LARGO ROAD NORTH  
LARGO, FL 33770 US

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

EL-YOUSEF, HASSAN  
270 CLEARWATER LARGO ROAD NORTH  
LARGO, FL 33770 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: HASSAN EL-YOUSEF

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EL-YOUSEF, M K  
Address: 270 CLEARWATER LARGO ROAD NORTH  
City-St-Zip: LARGO, FL 33770

Title: MGR  
Name: AL-ABED, MAZHAR K  
Address: 270 CLEARWATER LARGO ROAD NORTH  
City-St-Zip: LARGO, FL 33770

Title: MGR  
Name: EL-YOUSEF, HASSAN  
Address: 270 CLEARWATER LARGO ROAD NORTH  
City-St-Zip: LARGO, FL 33770

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: HASSAN EL-YOUSEF

MGR

01/05/2010

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