2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000076682

Entity Name: GULF COAST MEDICAL CARE PLLC

Current Principal Place of Business:

11097 HEARTH RD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

4408 RACHEL BLVD
SPRING HILL, FL 34607

New Mailing Address:

11097 HEARTH RD
SPRING HILL, FL 34608

FEI Number: 26-3141231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARISTILDE, JACQUES L MD
4408 RACHEL BLVD
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

ARISTILDE, JACQUES L MD
11097 HEARTH RD
SPRING HILL, FL 34608 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: 04/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MD ( ) Change (X) Addition
Name: ARISTILDE, JACQUES L MD
Address: 11097 HEARTH RD.
City-St-Zip: SPRING HILL, FL 34608

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: JACQUES L ARISTILDE MD 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date