

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076682

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**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:**

11097 HEARTH RD  
SPRING HILL, FL 34608

**New Mailing Address:**

**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  
11097 HEARTH RD  
SPRING HILL, FL 34608 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: MD  
Name: ARISTILDE, JACQUES L MD  
Address: 11097 HEARTH RD.  
City-St-Zip: SPRING HILL, FL 34608

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: JACQUES L ARISTILDE

MD

04/25/2011

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