

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076682

**FILED**  
**Apr 26, 2012**  
**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:**

2178 MARINER BLVD  
SPRING HILL, FL 34609

**Current Mailing Address:**

11097 HEARTH RD  
SPRING HILL, FL 34608

**New Mailing Address:**

2178 MARINER BLVD  
SPRING HILL, FL 34609

**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:**

ARISTILDE, JACQUES L MD  
2178 MARINER BLVD  
SPRING HILL, FL 34609 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:

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MD  
Name: ARISTILDE, JACQUES L MD  
Address: 2178 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609

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

04/26/2012

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