

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024414

**FILED  
Apr 22, 2010  
Secretary of State**

**Entity Name:** GULF COAST HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

209 STATE STREET  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

209 STATE STREET  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMBI, LLC  
209 STATE STREET  
OLDSMAR, FL 34677 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: MGR  
Name: AMBI, LLC  
Address: 209 STATE STREET  
City-St-Zip: OLDSMAR, FL 34677

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: AARON BEHAR

MGR

04/22/2010

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