

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069810

FILED  
Mar 10, 2010  
Secretary of State

**Entity Name:** GULF COAST HEALTH TRAVEL AND IMMUNIZATION, LLC

**Current Principal Place of Business:**

2198 MAIN STREET  
SARASOTA, FL 34237

**New Principal Place of Business:**

2195 RINGLING BLVD  
SARASOTA, FL 34237

**Current Mailing Address:**

2198 MAIN STREET  
SARASOTA, FL 34237

**New Mailing Address:**

2195 RINGLING BLVD  
SARASOTA, FL 34237

**FEI Number:** 27-0593224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMPTON, JOHN M  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236 US

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

JAENSCH, P. CHRISTOPHER  
2195 RINGLING BLVD  
SARASOTA, FL 34237 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: P. CHRISTOPHER JAENSCH

03/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JAENSCH, P. CHRISTOPHER  
Address: 2195 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34237 US

Title: P  
Name: JAENSCH, P. CHRISTOPHER  
Address: 2195 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34237 US

Title: VP  
Name: MEKHAEL, KAMAL  
Address: 12670 NEW BRITTANY BVLD. SUITE 101  
City-St-Zip: FORT MYERS, FL 33907

Title: T  
Name: MEKHAEL, KAMAL  
Address: 12670 NEW BRITTANY BVLD. SUITE 101  
City-St-Zip: FORT MYERS, FL 33907 US

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: P. CHRISTOPHER JAENSCH

MGR

03/10/2010

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