

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070840

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** TIDEWELL HEALTH SERVICES, LLC

**Current Principal Place of Business:**

5955 RAND BLVD  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

5955 RAND BLVD  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 27-0603871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAISTO, MARGE  
5955 RAND BLVD  
SARASOTA, FL 34238 US

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

RADFORD, GERARD  
5955 RAND BLVD  
SARASOTA, FL 34238 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:** GERARD RADFORD

02/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** RADFORD, GERARD  
**Address:** 5955 RAND BOULEVARD  
**City-St-Zip:** SARASOTA, FL 34238 US

**Title:** EVP  
**Name:** BOUHAMID, SAIDA  
**Address:** 5955 RAND BOULEVARD  
**City-St-Zip:** SARASOTA, FL 34238 US

**Title:** EVP  
**Name:** D'SA, PHILOMENA  
**Address:** 5955 RAND BOULEVARD  
**City-St-Zip:** SARASOTA, FL 34238 US

**Title:** EVP  
**Name:** LAFFERTY, DAVID  
**Address:** 5955 RAND BOULEVARD  
**City-St-Zip:** SARASOTA, FL 34238

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:** GERARD RADFORD

P

02/24/2011

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