

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070840

**FILED**  
**Jan 23, 2012**  
**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 (X)**

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

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

01/23/2012

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