

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075868

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE INTEGRATED HEALTH, LLC

**Current Principal Place of Business:**

28469 US HIGHWAY 19  
UNIT 302  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

565 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 27-0689323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DAVID W. GRIFFIN, P.A.  
565 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756      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: MGRM  
Name: JOHANTGEN, HOLLY R  
Address: 28469 US HIGHWAY 19, SUITE 302  
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM  
Name: GIOVATTO, GIUSEPPE JR.  
Address: 28469 US HIGHWAY 19, SUITE 302  
City-St-Zip: CLEARWATER, FL 33761

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: GIUSEPPE GIOVATTO, JR.      MGRM      03/15/2010

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