2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# L09000104923

Entity Name: SHORELINE MEDICAL SERVICES, LLC

Current Principal Place of Business:

801 E 18TH AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

PO BOX 2382
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 27-1565450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZETTLE, JOHNANTHAN D
801 E 18TH AVE
NEW SMYRNA BEACH, FL 32169 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: ZETTLE, CHRISTINE M
Address: 801 E 18TH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM
Name: ZETTLE, JOHNATHAN D
Address: 801 E 18TH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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 Statues.

SIGNATURE: CHRISTINE M ZETTLE MGRM 04/30/2010

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