

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 APR 20 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000825**

GULFSIDE MEDICAL DEVELOPMENT, L.C.  
~~3618 EVANS AVE~~  
FT MYERS FL 33901

1a. Principal Place of Business Address

~~3618 EVANS AVE~~  
FT MYERS FL 33901

2. Principal Place of Business

3591 FOWLER ST

Suite, Apt. #, etc.

2a. Mailing Address

P.O. BOX 6966

Suite, Apt. #, etc.

City & State

City & State

FT MYERS, FL

Zip

Country

Zip

Country

33911

USA

3. Date Organized or Qualified

07/28/1997

3a. State of Formation

FL

4. FEI Number

65-0786043

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CARBONE, NICHOLAS  
~~3618 EVANS AVE~~  
FT MYERS FL 33901

Name

WILLIAM HUSSEY

Street Address (P.O. Box Number is Not Acceptable)

3591 FOWLER ST.

Suite, Apt. #, etc.

City

FT MYERS

FL

Zip Code

33901

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

*[Signature]*

DATE

3/6/98

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CARBONE, NICHOLAS	15700 CATALPA COVE DRIVE	FT MYERS FL
MEM	CRONIN, THOMAS	3591 FOWLER ST	FT MYERS FL
MEM	LABODA, GERALD	3591 FOWLER ST	FT MYERS FL
MEM	FOX, ALLAN	3591 FOWLER ST	FT MYERS FL
MEM	ZELLNER, STEPHEN	3591 FOWLER ST.	FT MYERS FL

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\*\*\*\*188.75/\*\*\*\*188.75  
*[Signature]* 4/8/98

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #