

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001242

FILED
Mar 05, 2009
Secretary of State

Entity Name: FLORIDA ADMINISTRATIVE SERVICES, LLC

Current Principal Place of Business:

34921 US HWY. 19 N
SUITE 415
PALM HARBOR, FL 34684

New Principal Place of Business:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

Current Mailing Address:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

New Mailing Address:

FEI Number: 06-1621864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: ROLES, JERRY
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARBORSIDE HEALTHCARE, E LIMITED PART N ERSHIP
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HARBORSIDE HEALTHCARE LIMITED PARTNERSHIP MGRM 03/05/2009

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