

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001281

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** SHORELINE HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

10210 HIGHLAND MANOR DR  
SUITE 260  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

303 PERIMETER CENTER NORTH  
SUITE 500  
ATLANTA, GA 30346

**New Mailing Address:**

**FEI Number:** 20-0807287      **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: CEO ( ) Delete  
Name: SEXTON, LOGAN  
Address: 10210 HIGHLAND MANOR  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES:**

Title: PCEO (X) Change ( ) Addition  
Name: DUPLANTIS, PATRICK J  
Address: 10210 HIGHLAND MANOR DR, STE. 270  
City-St-Zip: TAMPA, FL 33610

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: PATRICK J DUPLANTIS, INTERIM PRES. & CEO      PCEO      04/30/2008

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