

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001281

FILED
Apr 28, 2010
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:

PO BOX 467065
ATLANTA, GA 31146

New Mailing Address:

PO BOX 467065
ATLANTA, GA 31146 US

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: PCEO
Name: BARTOS, SCOTT
Address: 10210 HIGHLAND MANOR DR, STE. 270
City-St-Zip: TAMPA, FL 33610 US

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: SCOTT BARTOS

PCEO

04/28/2010

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