

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003688

FILED
Apr 24, 2012
Secretary of State

Entity Name: BOTETOIRT HEALTH CARE, LLC

Current Principal Place of Business:

24641 US HWY 19 N
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

24641 US HWY 19 N
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 20-2966968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ATKINS, BEN
24641 US HWY 19 N
SUITE H
DUNEDIN, FL 33763 US

Name and Address of New Registered Agent:

ATKINS, BEN
310 10TH AVE N
SAFETY HARBOR, FL 34695 US

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:

04/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WEST COAST COMMONWEALTH PARTNERS, LLC
Address: 310 10TH AVE N
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM
Name: MORRISON FAMILY LIMITED PARTNERSHIP, LLLP
Address: 524 BELLE ISLE AVE
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: MGRM
Name: CAREEN, LLC
Address: 606 HARBOR ISLAND
City-St-Zip: CLEARWATER, 33 33763

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: WEST COAST COMMONWEALTH PARTNERS, LLC

MGR

04/24/2012

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