

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002223

FILED
Apr 17, 2009
Secretary of State

Entity Name: CATALINA HEALTH RESOURCE, LLC

Current Principal Place of Business:

200 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

200 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-4457700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: FRIER, RICK
Address: 200 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR () Delete
Name: WILLIAMS, ERIC N
Address: 200 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR () Delete
Name: BRINDISE, BARRY
Address: 200 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: CORPORATION CATALINA
Address: 200 CARILLON PARKWAY
City-St-Zip: ST PETERSBURG, FL 33716

Title: SEC () Delete
Name: STAFFOPOULOS, PETER
Address: 200 CARILLON PARKWAY
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARRY BRINDISE

MGR

04/17/2009

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