

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002223

FILED  
Apr 27, 2010  
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  
Name: FRIER, RICK  
Address: 200 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 33716

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

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

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

Title: ASEC  
Name: STAFFOPOULOS, PETER  
Address: 200 CARILLON PARKWAY  
City-St-Zip: ST PETERSBURG, FL 33716

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: PETER STAFFOPOULOS

ASEC

04/27/2010

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