

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005235

FILED  
May 26, 2009  
Secretary of State

**Entity Name:** GULF COAST HEALTH CARE OF DELAWARE, LLC

**Current Principal Place of Business:**

4 WEST RED OAK LANE, SUITE 201  
WHITE PLAINS, NY 10604

**New Principal Place of Business:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

4 WEST RED OAK LANE, SUITE 201  
WHITE PLAINS, NY 10604

**New Mailing Address:**

2 NORTH PALAFOX STREET  
PENSACOLA, FL 32502

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GULF COAST HEALTH CARE HOLDINGS, LLC  
Address: 4 WEST RED OAK LANE, SUITE 201  
City-St-Zip: WHITE PLAINS, NY 10604

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: ERIC ROTH

PRES

05/26/2009

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