

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001281

Entity Name: SHORELINE HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

800 CONCOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

800 CONCOURSE PARKWAY SOUTH
SUITE 200
MAITLAND, FL 32751 US

FEI Number: 20-0807287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title	VP, CFO	Title	PRESIDENT, CEO
Name	ANTONIK, TROY M.	Name	JELLERSON, JEFFREY K.
Address	800 CONCOURSE PARKWAY SOUTH SUITE 200	Address	800 CONCOURSE PARKWAY SOUTH SUITE 200
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TROY M. ANTONIK

VICE PRESIDENT

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date