

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002223

**Entity Name:** CATALINA HEALTH RESOURCE, LLC

**Current Principal Place of Business:**

200 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

200 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**FEI Number:** 20-4457700

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name BREEZE , JEFFREY W  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

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

Title MGR  
Name DONALDSON, INGRID  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title MGRM  
Name CORPORATION, CATALINA  
Address 200 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33761

*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:** BARRY BRINDISE

**MANAGER**

**03/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date