

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023211

FILED  
Mar 20, 2012  
Secretary of State

Entity Name: SISTER BAY, LLC

**Current Principal Place of Business:**

730 GOODLETTE ROAD, NORTH STE 100  
NAPLES, FL 34102

**New Principal Place of Business:**

730 GOODLETTE ROAD N  
SUITE 100  
NAPLES, FL 34102

**Current Mailing Address:**

730 GOODLETTE ROAD, NORTH STE 100  
NAPLES, FL 34102

**New Mailing Address:**

730 GOODLETTE ROAD N  
SUITE 100  
NAPLES, FL 34102

FEI Number: 20-8567522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, ELAINE  
730 GOODLETTE RD N STE 100  
NAPLES, FL 34102 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: MGRM  
Name: DERNBACH, PAUL MD  
Address: 730 GOODLETTE RD. N. STE 100  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: BAKER, MATTHEW MD  
Address: 730 GOODLETTE RD. N. STE 100  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: JUSTIZ, WILLIAM MD  
Address: 730 GOODLETTE RD. N. STE 100  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: CAMPBELL, JOHN MD  
Address: 730 GOODLETTE RD. N. STE 100  
City-St-Zip: NAPLES, FL 34102

Title: MGRM  
Name: COLON, GARY MD  
Address: 730 GOODLETTE RD. N. STE 100  
City-St-Zip: NAPLES, FL 34102

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: MATTHEW BAKER, MD

MGR

03/20/2012

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