


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L95000000602  
 1. Entity Name  
 BAYSHORE PHYSICIANS OF FLORIDA, L.C.



Principal Place of Business 8813 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655	Mailing Address 8813 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655
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**DO NOT WRITE IN THIS SPACE**



07072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3327832	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RUIZ, ALFONZO M.D.  
 8813 RIVER CROSSING BLVD.  
 NEW PORT RICHEY, FL 34655

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfonzo Ruiz* DATE 7/20/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUIZ, ALFONZO M.D. 8813 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Alfonzo Ruiz* DATE 7/20/04 DAYTIME PHONE # 727-375-1953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #