


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| FILING FEE \$ 188.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000710 BAYSIDE HEALTH GROUP, L.L.C. 2008 SULLIVAN DRIVE GIG HARBOR WA 98335 |
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| 1a. Principal Place of Business Address 2008 SULLIVAN DRIVE GIG HARBOR WA 98335 |
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| 2. Principal Place of Business <i>2008 Sullivan Dr.</i> Suite, Apt. #, etc. | 2a. Mailing Address <i>2008 Sullivan Dr.</i> Suite, Apt. #, etc. |
| City & State <i>Gig Harbor WA</i> | City & State <i>Gig Harbor WA</i> |
| Zip <i>98335</i> Country <i>USA</i> | Zip <i>98335</i> Country <i>USA</i> |

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| 3. Date Organized or Qualified 07/02/1998 | 3a. State of Formation WA |
| 4. FEI Number 60-1869624 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 7. Name and Address of Current Registered Agent PEIRCE, RAYMOND JR 9371 US HIGHWAY 19 NORTH, SUITE D PINELLAS PARK FL 33782 |
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| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | PEIRCE, RAYMOND B JR. | 2008 SULLIVAN DRIVE | GIG HARBOR WA |

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4-23-99

11. I do 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 annual 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 606, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Raymond B. Peirce Jr.* *Raymond B. Peirce Jr.* 4-13-99 (233) 851-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, MEMBER OR MANAGER (Type) Daytime Phone #