

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023211

**Entity Name:** SISTER BAY, LLC

**Current Principal Place of Business:**

730 GOODLETTE ROAD N  
SUITE 100  
NAPLES, FL 34102

**Current Mailing Address:**

730 GOODLETTE ROAD N  
SUITE 100  
NAPLES, FL 34102

**FEI Number:** 20-8567522

**Certificate of Status Desired:** No

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

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

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

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

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

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

*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:** WILLIAM JUSTIZ

**PARTNER**

**04/11/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date