

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101769

Entity Name: BAUR HEALTH TEAM, LLC

Current Principal Place of Business:

6755 OLD MELBOURNE HIGHWAY
SAINT CLOUD, FL 34771

Current Mailing Address:

6755 OLD MELBOURNE HIGHWAY
SAINT CLOUD, FL 34771

FEI Number: 27-3570642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE
SUITE 200
ORLANDO, FL 32804 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	Title	MGRM
Name	BAUR, RHONDA D	Name	BAUR, CHRISTOPHER E
Address	6755 OLD MELBOURNE HIGHWAY	Address	6755 OLD MELBOURNE HIGHWAY
City-State-Zip:	SAINT CLOUD FL 34771	City-State-Zip:	SAINT CLOUD FL 34771

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RHONDA BAUR

MGRM

03/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date