

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000015156

Entity Name: WEST BAY MEDICAL OFFICE, LLC

Current Principal Place of Business:

1680 WEST BAY DRIVE
LARGO, FL 33770

Current Mailing Address:

1680 WEST BAY DRIVE
LARGO, FL 33770

FEI Number: 46-1933664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONAST, DALE R
1680 WEST BAY DRIVE
LARGO, FL 33770 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	MGR	Title	MGR
Name	MONAST, DALE R	Name	SHOWALTER, THOMAS L
Address	1680 WEST BAY DRIVE	Address	1678 WEST BAY DRIVE
City-State-Zip:	LARGO FL 33770	City-State-Zip:	LARGO FL 33770

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: DALE R MONAST

MANAGER

03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date