

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000116820

Entity Name: BAYSIDE HEALTH CENTER, LLC

Current Principal Place of Business:

5150 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Current Mailing Address:

5150 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

FEI Number: 47-3884157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REISSMAN, MARSHALL G
5150 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 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
Name HAMMERTON, MICHELLE
Address 5150 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33707

Title MGR
Name HAMMERTON, CHELSEA
Address 5150 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33707

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: MICHELLE HAMMERTON

MGR

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date