

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000386228

**Entity Name:** BAY POINT HEALTHCARE, LLC

**Current Principal Place of Business:**

1016 THOMAS DRIVE STE 262  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

1016 THOMAS DRIVE STE 262  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** 93-2990535

**Certificate of Status Desired:** No

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

WOODFORD, BRUCE CEO  
1016 THOMAS DRIVE STE 262  
PANAMA CITY BEACH, FL 32408 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:** BRUCE WOODFORD

02/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WOODFORD, BRUCE  
Address 1016 THOMAS DRIVE STE 262  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title MGR  
Name WOODFORD, MARIA  
Address 1016 THOMAS DRIVE STE 262  
City-State-Zip: PANAMA CITY BEACH FL 32408

*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:** BRUCE A WOODFORD

CEO

02/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date