

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000001320

1. Entity Name

LEMON BAY MEDICAL FACILITIES, L.L.C.



Principal Place of Business

Mailing Address

1885 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

1885 ENGLEWOOD ROAD
ENGLEWOOD FL 34223



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

64-1088088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASSETTI, KAREN
1885 ENGLEWOOD ROAD
ENGLEWOOD FL 34223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
LOGAN, STEPHEN
STREET ADDRESS
8255 MANASOTA KEY RD.
CITY-STATE-ZIP
ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000641389
02/28/07-80105-009 50.00

TITLE ☐ Delete
NAME
BASSETTI, KAREN
STREET ADDRESS
2140 W. DOPHIN DR.
CITY-STATE-ZIP
ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
SHARMA, OM
STREET ADDRESS
144 BRANDYWINE CIR.
CITY-STATE-ZIP
ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-08-07

941-475-8291