


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000004730</b> 1. Entity Name BAYSIDE MEDICAL CENTER, L.L.C.	
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Principal Place of Business 9545 BAY PINES BLVD ST. PETERSBURG, FL 33708	Mailing Address 9545 BAY PINES BLVD ST. PETERSBURG, FL 33708
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01032005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3607311	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
_____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
_____ <small>DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000282713  
03/31/05-80053-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALTON, LEO B 13155 LINDEN PL DR SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALTON, EDITH 13155 LINDEN PL DR SEMINOLE, FL 33776
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
<b>SIGNATURE:</b> <u>Leo B Dalton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3-28-05 (727) 393-8715 <small>Date Daytime Phone #</small>