

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004730

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: BAYSIDE MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

9545 BAY PINES BLVD  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

9545 BAY PINES BLVD  
ST. PETERSBURG, FL 33708

**New Mailing Address:**

FEI Number: 04-3607311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DALTON, LEO B  
Address: 13155 LINDEN PL DR  
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM ( ) Delete  
Name: DALTON, EDITH  
Address: 13155 LINDEN PL DR  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LEO B. DALTON

MGR

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date