

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007366

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Principal Place of Business:

Current Mailing Address:

1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 03-0467551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEETHA PALLEGAR
1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207 US

Name and Address of New Registered Agent:

G, PALLEGAR
1811 BAYSHORE GARDENS PARKWAY
BRADENTON, FL 34207 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: GP

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALLEGAR, S.
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207

Title: MGRM () Delete
Name: PALLEGAR, G.
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207

Title: MGRM () Delete
Name: PALLEGAR, AJAY
Address: 1811 BAYSHORE GARDENS PARKWAY
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES:

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

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: G PALLEGAR

MGR

01/16/2009

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