

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

02-25-2003 90086 046 ****50.00

DOCUMENT # L02000008231

1. Entity Name

BAY MEDICAL CENTER OF DUNEDIN, L.L.C.



Principal Place of Business

**180 PATRICIA AVE.
DUNEDIN FL 34698**

Mailing Address

**180 PATRICIA AVE.
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

030420535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

33017446



6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT ST., STE. 102
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BOBBY RAY HALEY, D.O.
180 PATRICIA AVE.
DUNEDIN FL 34698** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
VINCENT J. DILELLA, D.O.
180 PATRICIA AVE.
DUNEDIN FL 34698** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

TITLE
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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)(i), 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 REQUIRED

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

Date

Daytime Phone #

2-21-03 (217) 733 4193

CR2E083 (10/02)