

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000050924

FILED
Dec 21, 2004
Secretary of State

Entity Name: BAY DERMATOLOGY REAL ESTATE SH, L.L.C.

Current Principal Place of Business:

8220 US 19 N.
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8220 US 19 N.
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 20-0460863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, RICHARD A D.O.
8220 US 19 N.
PORT RICHEY, FL 34668 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MILLER, RICHARD A
Address: 8220 US 19 N
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM () Change (X) Addition
Name: KRUTCHIK, MICHAEL E
Address: 8220 US 19 N
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM () Change (X) Addition
Name: DORTON, DAVID W
Address: 8220 US 19 N
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD A. MILLER

MGRM

12/21/2004

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