2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L03000050926

Entity Name: BAY DERMATOLOGY REAL ESTATE ST.P, 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: 20-0460888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Title:	MGRM	( ) Delete
Name:	MILLER, RICHARD A	
Address:	8220 US 19 N	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	MGRM	( ) Delete
Name:	KRUTCHIK, MICHAEL E	
Address:	8220 US 19 N	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	MGRM	( ) Delete
Name:	DORTON, DAVID W	
Address:	8220 US 19 N	
City-St-Zip:	PORT RICHEY, FL 34668	

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 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 MGR 04/25/2005

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