

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052105

FILED
Apr 13, 2005
Secretary of State

Entity Name: BAY AREA QUALITY MEDICAL CARE, L.L.C.

Current Principal Place of Business:

HELEN ELLIS MEMORIAL HOSP. MED. ARTS CTR
2114 SEVEN SPRINGS BLVD #100
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

HELEN ELLIS MEMORIAL HOSP. MED. ARTS CTR
2114 SEVEN SPRINGS BLVD, SUITE #100
NEW PORT RICHEY, FL 34655

Current Mailing Address:

HELEN ELLIS MEMORIAL HSOPITAL, STE 100
MEDICAL ARTS CTR, 2114 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FL 34655

New Mailing Address:

HELEN ELLIS MEMORIAL HOSP. MED.ART.CENTER
2114 SEVEN SPRINGS BLVD, SUITE 100
NEW PORT RICHEY, FL 34655

FEI Number: 72-1576265

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 ST, STE 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/MEMBERS:

Title: MGR () Delete
Name: SHINGALA, ASHVIN
Address: 2114 SEVEN SPRINGS BLVD STE 100
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

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: ASHVIN SHINGALA

MGR

04/13/2005

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