

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012392

FILED
Jan 07, 2009
Secretary of State

Entity Name: BAY AREA PHYSICIAN'S SURGERY CENTER, LLC

Current Principal Place of Business:

6043 WINTHROP COMMERCE AVE
RIVERVIEW, FL 33569

New Principal Place of Business:

6043 WINTHROP COMMERCE AVE
SUITE 101
RIVERVIEW, FL 33578

Current Mailing Address:

6043 WINTHROP COMMERCE AVE
RIVERVIEW, FL 33569

New Mailing Address:

6043 WINTHROP COMMERCE AVE
SUITE 101
RIVERVIEW, FL 33578

FEI Number: 20-0731481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL D
601 BAYSHORE BLVD, STE 700
TAMPA, FL 33606 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/MANAGERS:

Title: MGRM () Delete
Name: ALVER, JAMES E M.D.
Address: 6043 WINTHROP COMMERCE AVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVER, JAMES E M.D.
Address: 6043 WINTHROP COMMERCE AVE
City-St-Zip: RIVERVIEW, FL 33578

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: JAMES E. ALVER, M.D.

MGRM

01/07/2009

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