

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039022

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: BAY HEALTH LLC

**Current Principal Place of Business:**

2370 DREW ST.  
SUITE C  
CLEARWATER, FL 33765

**New Principal Place of Business:**

1250 ROGERS ST  
SUITE J  
CLEARWATER, FL 33756

**Current Mailing Address:**

3007 OAK CREEK DRIVE NORTH  
CLEARWATER, FL 33761

**New Mailing Address:**

1250 ROGERS ST.  
SUITE J  
CLEARWATER, FL 33756

FEI Number: 20-1156614      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:**

SINGER, GILBERT ESQ  
KASS, SHULER, SOLOMON, SPECTOR, FOYLE & SINGER  
1505 NORTH FLORIDA AVENUE  
TAMPA, FL 33601 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/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: BOWMAN, JONATHAN H MR.  
Address: 3007 OAK CREEK DR. N.  
City-St-Zip: CLEARWATER, FL 33761

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JONATHAN BOWMAN

MGMR

07/10/2007

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