

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039022

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: BAY HEALTH LLC

**Current Principal Place of Business:**

1250 ROGERS ST  
SUITE J  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1250 ROGERS ST.  
SUITE J  
CLEARWATER, FL 33756

**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 ( )

**Name and Address of Current Registered Agent:**

SINGER, GILBERT ESQ  
KASS, SHULER, SOLOMON, SPECTOR, FOYLE & SINGER  
1505 NORTH FLORIDA AVENUE  
TAMPA, FL 33601 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: BOWMAN, JONATHAN H MR.  
Address: 3007 OAK CREEK DR. N.  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOWMAN, JONATHAN H MR.  
Address: 323 30TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33704

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

MGRM

01/16/2009

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