

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027830

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** BAY PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY & NUTRITION, P.L.

**Current Principal Place of Business:**

501 DR MLK JR STREET SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

2001 GULF WAY  
ST. PETE BEACH, FL 337064139

**New Mailing Address:**

**FEI Number:** 52-2453399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REINSTEIN, L. JULIO  
2001 GULF WAY  
ST. PETE BEACH, FL 337064139 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: MGR ( ) Delete  
Name: REINSTEIN, L. JULIO  
Address: 2001 GULF WAY  
City-St-Zip: SAINT PETERSBURG, FL 337064139

**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 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: VERA FARKAS REINSTEIN

DR

03/23/2009

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