


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-20-2006 90032 041 ****50.00

DOCUMENT # L05000116832	
1. Entity Name BAY DERMATOLOGY REAL ESTATE TAMPA, LLC	

Principal Place of Business 8220 US 19 NORTH PORT RICHEY, FL 34668	Mailing Address 8220 US 19 NORTH PORT RICHEY, FL 34668
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30008810



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0810175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, RICHARD A D.O. 8220 US 19 NORTH PORT RICHEY, FL 34668		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

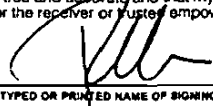
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC Richard A. Miller 8220 US 19 N Port Richey FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC Michael E. Krutik 8220 US 19 N Port Richey FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC David W. Dorton 8220 US 19 N Port Richey FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC David Esquerro 8220 US 19 N Port Richey FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  3/30/06 727-841-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

36008810

Division of Corporations**Annual Report**

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Document Number L05000116832
Business Entity Name BAY DERMATOLOGY REAL ESTATE TAMPA, LLC
FEI Number 760810175
FEI Number Status
Certificate of Status Desired No

Principal Place of Business

Address 8220 US 19 NORTH
Suite, Apt. #, etc.
City, State PORT RICHEY, FL
Zip Code & Country 34668

Mailing Address

Address 8220 US 19 NORTH
Suite, Apt. #, etc.
City, State PORT RICHEY, FL
Zip Code & Country 34668

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MILLER, RICHARD , A, D.O.
Address 8220 US 19 NORTH
Suite, Apt. #, etc.
City, State PORT RICHEY, FL
Zip Code & Country 34668 US
Registered Agent Signature

Managing Member/Manager Name and Address

Title MGR
Name (Last, First, Middle, Title) MILLER, RICHARD , A
Street Address 8220 US 19 NORTH
City, State PORT RICHEY, FL
Zip Code & Country 34668 US

ATTACHMENT

***Title** MGR #105000116832
Name (Last, First, Middle, Title) KRUTCHIK, MICHAEL , E
Street Address 8220 US 19 NORTH
City, State PORT RICHEY, FL
Zip Code & Country 34668 US

Title MGR
Name (Last, First, Middle, Title) DORTON, DAVID , W
Street Address 8220 US 19 NORTH
City, State PORT RICHEY , FL
Zip Code & Country 34668 US

Title MGR
Name (Last, First, Middle, Title) ESGUERRA, DAVID
Street Address 8220 US 19 NORTH
City, State PORT RICHEY, FL
Zip Code & Country 34668 US

Title MGR
Managing Member/Manager Signature RICHARD A. MILLER

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