## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000118112

City-St-Zip:

Entity Name: BAY HEART GROUP, P.L.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2814 W. VIRGINIA AVE. TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 2814 W. VIRGINIA AVE. TAMPA, FL 33607 FEI Number: 59-3416226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CFRA, LLC CORPORATE CENTER THREE AT INTL. PLAZA 4221 W. BOY SCOUT BLVD., SUITE 1000 TAMPA, FL 33607 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: () Delete ( ) Change (X) Addition GLOVER, MATTHEW U Name: Name: Address: Address: 4209 W CULBREATH AVE City-St-Zip: City-St-Zip: TAMPA, FL 33609 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: IRWIN, JAMES M Address: Address: 16054 PENWOOD DR City-St-Zip: City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: ( ) Change (X) Addition PRIDA, XAVIER E Name: Name: 2626 S DUNDEE BLVD Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33629 Title: () Delete Title: ( ) Change (X) Addition Name: Name: TOOLE, JOHN C 4415 BAYSHORE BLVD Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33611 Title: () Delete Title: ( ) Change (X) Addition GOLDMAN, ANTHONY P Name: Name: 3304 WESTMORELAND DR Address: Address:

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.

City-St-Zip:

TAMPA, FL 33618

SIGNATURE: MATTHEW U. GLOVER, MD P 04/30/2007