2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L07000020174

Entity Name: BAYCARE INTEGRATED SERVICE CENTER, LLC

Current Principal Place of Business:

C/O BAYCARE HEALTH SYSTEM, INC.
16255 BAY VISTA DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

8731 FLORIDA MINING BLVD.
TAMPA, FL 33634

Current Mailing Address:

C/O BAYCARE HEALTH SYSTEM, INC.
16255 BAY VISTA DRIVE
CLEARWATER, FL 33760

New Mailing Address:

BAYCARE HEALTH SYSTEM, INC.
16255 BAY VISTA DRIVE
CLEARWATER, FL 33760

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIPSCOMB, JUDITH P
16255 BAY VISTA DRIVE
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

INZINA, THOMAS
16255 BAY VISTA DRIVE
CLEARWATER, FL 33760 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: THOMAS INZINA 03/13/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BAYCARE HEALTH SYSTE, M, INC.
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

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: THOMAS INZINA EVP 03/13/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date