

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020174

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** BAYCARE INTEGRATED SERVICE CENTER, LLC

**Current Principal Place of Business:**

8731 FLORIDA MINING BLVD.  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

INZINA, THOMAS  
16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760 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  
Name: BAYCARE HEALTH SYSTEM, INC.  
Address: 16255 BAY VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760

I hereby 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: TOMMY INZINA

EVP

03/09/2010

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