

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023211

Entity Name: SISTER BAY, LLC

FILED
Mar 20, 2012
Secretary of State

Current Principal Place of Business:

730 GOODLETTE ROAD, NORTH STE 100
NAPLES, FL 34102

New Principal Place of Business:

730 GOODLETTE ROAD N
SUITE 100
NAPLES, FL 34102

Current Mailing Address:

730 GOODLETTE ROAD, NORTH STE 100
NAPLES, FL 34102

New Mailing Address:

730 GOODLETTE ROAD N
SUITE 100
NAPLES, FL 34102

FEI Number: 20-8567522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, ELAINE
730 GOODLETTE RD N STE 100
NAPLES, FL 34102 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: DERNBACH, PAUL MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM
Name: BAKER, MATTHEW MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM
Name: JUSTIZ, WILLIAM MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM
Name: CAMPBELL, JOHN MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

Title: MGRM
Name: COLON, GARY MD
Address: 730 GOODLETTE RD. N. STE 100
City-St-Zip: NAPLES, FL 34102

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: MATTHEW BAKER, MD

MGR

03/20/2012

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