

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121333

FILED
Apr 25, 2009
Secretary of State

Entity Name: BAYONET POINT MEDICAL PLAZA, L.L.C.

Current Principal Place of Business:

5802 STATE ROAD 54
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5802 STATE ROAD 54
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 45-0589784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT ST
STE 102
CLEARWATER, FL 33756 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: MGR () Delete
Name: KUMAR, K.S. DR
Address: 5802 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: KULKARNI, GAJUNAN A DR
Address: 5802 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: RAA, RAJU V
Address: 5802 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KULKARNI, GAJANAN A DR
Address: 5802 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR (X) Change () Addition
Name: RAO, RAJU V
Address: 5802 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34652

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: KAPISTHALAM S KUMAR

MGR

04/25/2009

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