

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121333

**FILED**  
**Feb 16, 2012**  
**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  
**Name:** KUMAR, K.S. DR  
**Address:** 5802 SR 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** MGR  
**Name:** KULKARNI, GAJANAN A DR  
**Address:** 5802 SR 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** MGR  
**Name:** RAO, RAJU V  
**Address:** 5802 SR 54  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

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:** KAPISTHALAM S. KUMAR

PRES

02/16/2012

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