# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 09, 2009**
**Secretary of State**

DOCUMENT# L08000001834

**Entity Name:** BAYONET POINT MEDICAL LLC

**Current Principal Place of Business:**

10045 CORTEZ BLVD., SUITE 122
WEEKI WACHEE, FL 34613

**New Principal Place of Business:**

7537 MEDICAL DRIVE
HUDSON, FL 34667

**Current Mailing Address:**

10045 CORTEZ BLVD., SUITE 122
WEEKI WACHEE, FL 34613

**New Mailing Address:**

**FEI Number: 20-1131601** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ALINGU, ALFRED
10045 CORTEZ BLVD., SUITE 122
WEEKI WACHEE, FL 34613 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 ( ) Delete
Name: ALINGU, ALFRED
Address: 10045 CORTEZ BLVD., SUITE 122
City-St-Zip: WEEKI WACHEE, FL 34613

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: OM ( ) Change (X) Addition
Name: ALINGU, JULIETTE A
Address: 10045 CORTEZ BLVD., STE 122
City-St-Zip: BROOKSVILLE, FL 34613

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: JULIETTE ALINGU OM 01/09/2009

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