

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001834

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** BAYONET POINT MEDICAL LLC

**Current Principal Place of Business:**

7537 MEDICAL DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**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 ( )**

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

**Title:** OM  
**Name:** ALINGU, JULIETTE A  
**Address:** 10045 CORTEZ BLVD., STE 122  
**City-St-Zip:** BROOKSVILLE, FL 34613

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:** JULIETTE ALINGU

OM

03/23/2012

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