

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021935

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** BAYSIDE MEDICAL CAPITAL EQUIPMENT LLC

**Current Principal Place of Business:**

7500 N.W. 54TH STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

7500 N W 54 STREET  
MIAMI, FL 33166

**Current Mailing Address:**

7500 N.W. 54TH STREET  
MIAMI, FL 33166

**New Mailing Address:**

7500 N W 54 STREET  
MIAM, FL 33166

**FEI Number:** 26-2154963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SOLER, CHAEL  
7500 N.W. 54TH STREET  
MIAMI, FL 33166 US

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

SOLER, CHAEL  
7500 NW 54TH STREET  
MIAMI, FL 33166 US

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: CHAEL SOLER

05/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: NICKSON, REGINALD J SR.  
Address: 7500 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: SOLER, CHAEL  
Address: 7500 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete  
Name: RUIZ, EDUARDO  
Address: 7500 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete  
Name: RUIZ, LUIS  
Address: 7500 N.W. 54TH STREET  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

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

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

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

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

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: CHAEL SOLER

D

05/04/2009

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