

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021935

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1820 N CORPORATE LAKES BLVD SUITE 205  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1820 N CORPORATE LAKES BLVD SUITE 205  
WESTON, FL 33326

**New Mailing Address:**

1820 N CORPORATE LAKES BLVD  
SUITE 205  
WESTON, FL 33326

**FEI Number:** 26-2154963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

SOLER, CHAEL  
1820 N CORPORATE LAKES BLVD  
SUITE 205  
WESTON, FL 33326 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

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: NICKSON, REGINALD J SR.  
Address: 1820 N CORPORATE LAKES BLVD SUITE 205  
City-St-Zip: WESTON, FL 33326

Title: D  
Name: SOLER, CHAEL  
Address: 1820 N CORPORATE LAKES BLVD SUITE 205  
City-St-Zip: WESTON, FL 33326

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: CHAEL SOLER

D

04/09/2010

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