2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L08000101283

Entity Name: BAYSIDE MEDICAL SYSTEMS, LLC

Current Principal Place of Business:

109 GREENWOOD DRIVE
PANAMA CITY, BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 87
CLARKSVILLE, FL 32430 US

New Mailing Address:

FEI Number: 26-3630553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICKERY, JAY M
653 WEST 23ARD STREET
SUITE 245
PANAMA CITY, FL 32405 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:	VICKERY, JAY M	
Address:	653 WEST 23ARD STREET #245	
City-St-Zip:	PANAMA CITY, FL 32405 US	
Title:	MGRM	( ) Delete
Name:	ANDERSON, RICHARD B	
Address:	109 GREENWOOD DR.	
City-St-Zip:	PANAMA CITY BEACH, FL 32407 US	

ADDITIONS/CHANGES:

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: JAY VICKERY MGRM 01/19/2009

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