

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018734

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** BAILEY MEDICAL GROUP LLC

**Current Principal Place of Business:**

219 SE KITCHING CR.  
STUART, FL 34994

**New Principal Place of Business:**

1745 E. HALLANDALE BEACH BLVD #2506 WEST  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

219 SE KITCHING CR.  
STUART, FL 34994

**New Mailing Address:**

1745 E. HALLANDALE BEACH BLVD #2506 WEST  
HALLANDALE BEACH, FL 33009

**FEI Number:** 26-4334786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAILEY, TREVOR L DO  
219 SE KITCHING CR.  
STUART, FL 34994 US

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

BAILEY, TREVOR L DO  
1745 E. HALLANDALE BEACH BLVD #2506 WEST  
HALLANDALE BEACH, FL 33009 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: TREVOR BAILEY

04/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BAILEY, TREVOR L DO  
Address: 1745 E. HALLANDALE BEACH BLVD #2506 WEST  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: TREVOR L. BAILEY

MGR

04/15/2010

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