

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029615

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** BAYFRONT PHYSICIAN SPECIALTY SERVICES, LLC

**Current Principal Place of Business:**

701 6TH STREET SOUTH  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

701 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

**Current Mailing Address:**

701 6TH STREET SOUTH  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

701 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

FEI Number: 26-0762089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THORNTON, ROBERT W MR.  
701 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701 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: MGR  
Name: THORNTON, ROBERT W MR  
Address: 701 SIXTH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR  
Name: EIXENBERGER, TIM MR  
Address: 701 SIXTH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

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: ROBERT W. THORNTON

MGR

02/09/2011

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