

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000029615

FILED  
Mar 01, 2012  
Secretary of State

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

**Current Principal Place of Business:**

701 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 SIXTH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

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: MOTIWAL, JATIN MR  
Address: 701 SIXTH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: C  
Name: BRODY, SUE G MS  
Address: 701 SIXTH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR  
Name: WEILAND, DAVID M.D.  
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

CFO

03/01/2012

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