

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047853

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** BAY AREA PHYSICIANS GROUP L.L.C.

**Current Principal Place of Business:**

2205 TYRONE BOULEVARD  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

2205 TYRONE BOULEVARD NORTH  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

2205 TYRONE BOULEVARD  
ST PETERSBURG, FL 33710

**New Mailing Address:**

2205 TYRONE BOULEVARD NORTH  
ST PETERSBURG, FL 33710

**FEI Number:** 27-0221067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREED, FREDERICK  
3502 CASABLANCA AVENUE  
ST PETERSBURG, FL 33706 US

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

FREED, FREDERICK S.  
3502 CASABLANCA AVENUE  
ST PETE BEACH, FL 33706 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:** FREDERICK S. FREED

04/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FREED, FREDERICK  
**Address:** 3502 CASABLANCA AVE  
**City-St-Zip:** ST PETE BEACH, FL 33706

**Title:** MGRM  
**Name:** MILLER, JASON  
**Address:** 6907 STONESTHROW CIRCLE #2104  
**City-St-Zip:** ST PETERSBURG, FL 33710

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:** FREDERICK S. FREED

MGRM

04/13/2011

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