2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# L10000028907

Entity Name: BAY MEDICAL SERVICES, P.L.

Current Principal Place of Business:

2045 FOUNTAIN PROFESSIONAL CT
STE A
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2045 FOUNTAIN PROFESSIONAL CT
STE A
NAVARRE, FL 32566

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, KERRY ANNE ESQ
2045 FOUNTAIN PROFESSIONAL CT
STE A
NAVARRE, FL 32566 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
Name: MORRISON, EDWARD S
Address: 2045 FOUNTAIN PROFESSIONAL CT - STE A
City-St-Zip: NAVARRE, FL 32566

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 Statues.

SIGNATURE: EDWARD S. MORRISON MGRM 04/22/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date