

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122412

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

**Entity Name:** BAY AREA SURGICAL SUPPLIES, LLC

**Current Principal Place of Business:**

230 NORTH BAYSHORE BLVD. #102  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

230 NORTH BAYSHORE BLVD. #102  
CLEARWATER, FL 33759

**New Mailing Address:**

**FEI Number:** 27-4346649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LYONS, GARY W ESQ  
311 SOUTH MISSOURI AVE.  
CLEARWATER, FL 33756 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:** KRIDER TRIER, KATHY PEARL  
**Address:** 230 NORTH BAYSHORE BLVD. #102  
**City-St-Zip:** CLEARWATER, FL 33759

**Title:** MGR  
**Name:** TRIER, KEVIN CHANDLER  
**Address:** 230 NORTH BAYSHORE BLVD. #102  
**City-St-Zip:** CLEARWATER, FL 33759

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:** KATHY PEARL KRIDER TRIER

DR.

04/13/2011

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