

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084500

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** BAYCARE PHYSICIAN PARTNERS, LLC

**Current Principal Place of Business:**

16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760 US

**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:**

KIZER, SCOTT A J.D.  
16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760 US

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

FLAREAU, BRUCE MD  
16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760 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: BRUCE FLAREAU, MD

02/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAZA, RICHARD MD  
Address: 3253 MCMULLEN BOOTH RD, SUITE 200  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGR  
Name: MINTON, DAVID MD  
Address: 2818 WEST VIRGINIA AVE  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR  
Name: KLEIN, LONNIE MD  
Address: 1840 MEASE DRIVE, SUITE 300  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGR  
Name: FLAREAU, BRUCE MD  
Address: 16255 BAY VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

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: BRUCE FLAREAU, MD

PRES

02/20/2012

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