

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000602

**FILED**  
**Sep 18, 2012**  
**Secretary of State**

**Entity Name:** BAYSHORE PHYSICIANS OF FLORIDA, L.C.

**Current Principal Place of Business:**

8813 RIVER CROSSING BLVD.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

8813 RIVER CROSSING BLVD.  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 59-3026973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RUIZ, ALFONZO M.D.  
8813 RIVER CROSSING BLVD.  
NEW PORT RICHEY, FL 34655      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:** RUIZ, ALFONZO M.D.  
**Address:** 8813 RIVER CROSSING BLVD.  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

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: ESTEBAN ALFONZO RUIZ      MGR      09/18/2012

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