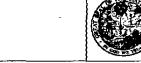
### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L99000004474

1. Entity Name

BAY DERMATOLOGY REAL ESTATE, L.L.C.



Principal Place of Business

Mailing Address

8220 U.S. 19 NORTH PORT RICHEY, FL 34668 8220 U.S. 19 NORTH PORT RICHEY, FL 34668 FILED Apr 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3588260 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MILLER, RICHARD A 8220 US 19 NORTH PORT RICHEY, FL 34668

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8.	. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	,
	4	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(MOTE Registered Agent signature required when reinstating)

DATE

#### Filing Fee Is \$50.00 Due by May 1, 2006

£	
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MILLER, RICHARD A D.O.
STREET ADDRESS	8220 U.S. 19 NORTH
CHY-ST-ZIP	PORT RICHEY, FL 34668
THE	MGR
NAME	KRUTCHIK, MICHAEL D.O.
STREET ADDRESS	8220 U.S. 19 NORTH
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	MGR
NAME	DORTON, DAVID D.O.
STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
City-St-2iP	
uke	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	·

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11. I hereby certify that the information experied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, it further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the poceiver or true of empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/06

7/27-841-8501

Daysins Flore #