

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004474

FILED
Apr 26, 2007
Secretary of State

Entity Name: BAY DERMATOLOGY REAL ESTATE, L.L.C.

Current Principal Place of Business:

8220 U.S. 19 NORTH
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

8220 U.S. 19 NORTH
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3588260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RICHARD A
8220 US 19 NORTH
PORT RICHEY, FL 34668 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 () Delete
Name: MILLER, RICHARD A D.O.
Address: 8220 U.S. 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR () Delete
Name: KRUTCHIK, MICHAEL D.O.
Address: 8220 U.S. 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

Title: MGR () Delete
Name: DORTON, DAVID D.O.
Address: 8220 U.S. 19 NORTH
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD A. MILLER

MGR

04/26/2007

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