

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000004474

**FILED**  
**Apr 02, 2012**  
**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  
**Name:** MILLER, RICHARD A D.O.  
**Address:** 8220 U.S. 19 NORTH  
**City-St-Zip:** PORT RICHEY, FL 34668

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

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

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:** RICHARD A. MILLER

MGR

04/02/2012

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