

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005866

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** BAYVIEW MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

10010 N. DALE MABRY HWY STE 150  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10010 N. DALE MABRY HWY STE 150  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 20-8784149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUSIN, ALAN M.D.  
10010 N. DALE MABRY HWY STE 150  
TAMPA, FL 33618 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: DUNCAN, WILLIAM J PH.D.  
Address: 555 SUN VALLEY DRIVE, STE P-4  
City-St-Zip: ROSWELL, GA 30076

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: ALAN COUSIN

AGT

02/04/2010

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