

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002770

Entity Name: DELTA BAY MEDICAL, LLC

**FILED**  
**Jun 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

731 SOUTH PEAR ORCHARD  
RIDGELAND, MS 39157

**New Principal Place of Business:**

731 SOUTH PEAR ORCHARD, STE 41  
RIDGELAND, MS 39157

**Current Mailing Address:**

731 SOUTH PEAR ORCHARD  
RIDGELAND, MS 39157

**New Mailing Address:**

731 SOUTH PEAR ORCHARD, STE 41  
RIDGELAND, MS 39157

FEI Number: 26-3758502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORD, DAVID R SR.  
3357 COPTER ROAD, SUITE 8  
PENSACOLA, FL 32514 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: DAVID R. FORD, SR., LLC  
Address: 731 SOUTH PEAR ORCHARD, STE 41  
City-St-Zip: RIDGELAND, MS 39157

Title: MGR  
Name: ERVIN AND ASSOCIATES, LLC  
Address: 3200 DAWES LAKE ROAD EAST  
City-St-Zip: MOBILE, AL 36619

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: DAVID R FORD, SR.

MGRM

06/01/2010

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