

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054601

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** LEMON BAY PHYSICIANS, P.A.

**Current Principal Place of Business:**

1885 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1885 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 65-0920041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BASSETTI, KAREN D.O.  
1885 ENGLEWOOD ROAD  
ENGLEWOOD, FL 34223 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOGAN, STEPHEN M.D.  
Address: 8255 MANASOTA KEY ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: BASSETTI, KAREN  
Address: 2140 W DOLPHIN DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D  
Name: SHARMA, OM D  
Address: 144 BRANDYWINE CIRCLE  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN BASSETTI

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date