

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000046652

**Entity Name:** BAY AREA MEN'S MEDICAL CENTER, LLC

**Current Principal Place of Business:**

4213 W. BEACHWAY DR.  
TAMPA, FL 33609

**Current Mailing Address:**

4213 W. BEACHWAY DR  
TAMPA, FL 33609 US

**FEI Number:** 81-5453376

**Certificate of Status Desired:** No

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

LUGO, KHRISTOPHER M  
4213 W. BEACHWAY DRIVE  
TAMPA, FL 33609 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name LUGO, KHRISTOPHER M  
Address 4213 W. BEACHWAY DR  
City-State-Zip: TAMPA FL 33609

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KHRISTOPHER M. LUGO

MGR

02/22/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date