

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600423

FILED
Apr 06, 2006
Secretary of State

Entity Name: BAY GYNECOLOGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

603 7TH STREET SOUTH
#500
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

603 7TH STREET SOUTH
#500
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-1229477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, GEORGE D.
603 7TH STREET SOUTH
#500
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

STRUTHERS, M. LINDSAY
603 7TH STREET SOUTH
#500
SAINT PETERSBURG, FL 33713 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: M. LINDSAY STRUTHERS 04/06/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRUTHERS, LINDSAY,
Address: 603 7TH STREET SOUTH # 500
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VP () Delete
Name: FOSTER, GEORGE D.,
Address: 603 7TH STREET SOUTH # 500
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: SP () Delete
Name: BISS, KIMBERLY D
Address: 603 7TH STREET, #500
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: M. LINDSAY STRUTHERS PD 04/06/2006

Electronic Signature of Signing Officer or Director Date