

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000001346 1. Entity Name BAY AREA ENDOSCOPY AND SURGERY CENTER LIMITED PARTNERSHIP					
Principal Place of Business 5771 49TH STREET NORTH ST. PETERSBURG, FL 33709			Mailing Address 5771 49TH STREET NORTH ST. PETERSBURG, FL 33709		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03252005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3213374				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEL RIO, J. EDWARD CPA 888 EXECUTIVE CENTER DRIVE WEST SUITE 101 ST. PETERSBURG, FL 33702			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record: \$4,900.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000073689		STREET ADDRESS		
NAME	BAY AREA ENDOSCOPY ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	5771 49TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <i>Jayaprabakar KC Kannan</i>			4/8/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE		

STAPLE CHECK HERE