

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 28, 2008 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**



02082008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**DEL RIO, J. EDWARD CPA
888 EXECUTIVE CENTER DRIVE WEST
SUITE 101
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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

DOCUMENT # **P93000073689**
NAME **BAY AREA ENDOSCOPY ASSOCIATES, INC.**
STREET ADDRESS **5771 49TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

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U000000842889
03/11/08-80048-005 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE