

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K75987** (3)

1. Corporation Name

BAY AREA SURGICAL ASSOCIATES, P.A.



Principal Place of Business

Mailing Address

C/O STEVEN G. EPSTEIN
666 SIXTH ST., SOUTH, STE. 215
ST. PETERSBURG FL 33701-4821
US

C/O STEVEN G. EPSTEIN
666 SIXTH ST., SOUTH, STE. 215
ST. PETERSBURG FL 33704-4821
US

3. Date Incorporated or Qualified **03/28/1989** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 **603 7th St. S.**

26 **603 7th St. S.**

22 Suite, Apt. #, etc. **#350**

27 Suite, Apt. #, etc. **#350**

23 City & State **ST. PETERSBURG, FL**

28 City & State **ST. PETERSBURG, FL**

24 Zip **33701**

25 Country **USA**

29 Zip **33701**

30 Country **USA**

4. FEI Number **59-2934820** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EPSTEIN, STEVEN G.
666 SIXTH STREET SOUTH
215
ST. PETERSBURG FL 33701

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **603 7th St. S.**
83 **#350**
84 City **ST. PETERSBURG FL** 85 Zip Code **33701**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. Date: Registered Agent signature to be printed when registering. DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	EPSTEIN, STEVEN G.	
STREET ADDRESS	666 6TH ST S 215	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ARTHUR, FORREST C	
STREET ADDRESS	666 6TH ST. S. 215	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	603 7th St. S. #350
14 CITY - ST - ZIP	ST. PETERSBURG, FL 33701
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	603 7th St. S. #350
24 CITY - ST - ZIP	ST. PETERSBURG, FL 33701
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

4/2/96

813-822-0442

CR2E034 (12/95)