

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K75987 (3)
 1. Corporation Name
BAY AREA SURGICAL ASSOCIATES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 603 7TH ST. S #350 ST PETERSBURG FL 33701 US	Mailing Address 603 7TH STREET. S #350 ST PETERSBURG FL 33701 US
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3. Date Incorporated or Qualified
03/28/1989

2. Principal Place of Business 21 606 6th ST. S. Suite, Apt. #, etc. 22 215 City & State 23 ST. PETERSBURG FL Zip 24 33701	2a. Mailing Address 26 606 6th ST. S. Suite, Apt. #, etc. 27 215 City & State 28 ST. PETERSBURG FL Zip 29 33701	Country 25 USA	Country 30 USA
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**EPSTEIN, STEVEN G.
6037TH ST S
STE #350
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
606 6th ST. S.
 83 **SUITE 215**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	EPSTEIN, STEVEN G.	
STREET ADDRESS	603 7TH ST. S #350	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ARTHUR, FORREST C	
STREET ADDRESS	603 7TH STREET, S #350	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	606 6th ST. S. #215
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	606 6th ST. S. #215
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 receiver 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 attachment with an address.

SIGNATURE _____

CR2E034 (10/97)