

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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90090 012 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K75987

1. Corporation Name
BAY AREA SURGICAL ASSOCIATES, P.A.

Principal Place of Business
666 6TH STREET S.
#215
ST PETERSBURG FL 33701
US

Mailing Address
666 6TH STREET S.
#215
ST PETERSBURG FL 33701
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
03/28/1989

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

EPSTEIN, STEVEN G.
666 6TH STREET S.
SUITE 215
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
DPT	EPSTEIN, STEVEN G.	<input type="checkbox"/>
STREET ADDRESS	666 6TH STREET S. #215	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
DVS	ARTHUR, FORREST C	<input type="checkbox"/>
STREET ADDRESS	666 6TH STREET S. #215	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				
1.3				
1.4				
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				
2.3				
2.4				
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				
3.3				
3.4				
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				
4.3				
4.4				
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				
5.3				
5.4				
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				
6.3				
6.4				

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, with all other like empowered.

SIGNATURE: _____ DATE: 3/3/99 Daytime Phone #: 727-822-0442

CR2E034 (1/98)