


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED
Feb 06, 2004 08:00 AM
JAN 21 2004
Secretary of State
 BY: _____

DOCUMENT # K75987 1. Entity Name BAY AREA SURGICAL ASSOCIATES, P.A.	
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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
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc	Suite, Apt #, etc.	City & State	City & State
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent EPSTEIN, STEVEN G. 666 6TH STREET S. SUITE 215 ST. PETERSBURG FL 33701	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DPT	
NAME	EPSTEIN, STEVEN G.	<input type="checkbox"/>
STREET ADDRESS	666 6TH STREET S. #215	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DVS	<input type="checkbox"/>
NAME	ARTHUR, FORREST C	
STREET ADDRESS	666 6TH STREET S. #215	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000038764		
NAME	02/06/04-80151-010 150.00	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven A. Epstein 1/29/04 (927) 822-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #