FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am Secretary of State DOCUMENT # P01000030399 1. Entity Name 02-24-2002 90056 017 ***150.00 BAYSIDE GYNECOLOGY ASSOCIATES, P.A. Principal Place of Business Mailing Address 400 S TAMIAMI TRAIL STE 200 400 S TAMIAMI TRAIL STE 200 VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business 3. Mailing Address 401 Commercial 401 Commercial Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Swte City & State City & State 4. FEI Number Applied For enice Jenice (05-108574 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLPMANN, MICHAEL J M.D. Street Address (P.O. Box Number is Not Acceptable) **421 MAHON DRIVE** VENICE FL 34285 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE wolpmann, Michael J MD Change TITLE ☐ Delete Addition NAME WOLPMANN, MICHAEL J M.D. 941 Cypress Ave. STREET ADDRESS **421 MAHON DRIVE** STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP Venice: FL 34a9a TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

X SIGNATURE:

GNATURE AND THE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr 0/4/0:

941-485-5700

Daytime Phone #