

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030399

**FILED**  
**Jul 08, 2004**  
**Secretary of State**

**Entity Name:** BAYSIDE GYNECOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Principal Place of Business:**

333 TAMIAMI TRAIL S  
SUITE 397  
VENICE, FL 34285

**Current Mailing Address:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Mailing Address:**

333 TAMIAMI TRAIL S  
SUITE 397  
VENICE, FL 34285

**FEI Number:** 65-1085741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLPMANN, MICHAEL J M.D.  
941 CYPRESS AVENUE  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

WOLPMANN, MICHAEL J M.D.  
589 FLAMINGO DR  
VENICE, FL 34285 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

07/08/2004

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WOLPMANN, MICHAEL J M.D.  
Address: 589 FLAMINGO  
City-St-Zip: VENICE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WOLPMANN, MICHAEL J M.D.  
Address: 589 FLAMINGO  
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. WOLPMANN, MD

D

07/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date