2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2004 8:00 am Secretary of State

DOCUMENT # P0100050506 1. Entity Name TAMPA BAY INDEPENDENT PHYSICIAN ASSOCIATES, INC.						01-08-2004 90051 030 ***150.00				
Principal Place of Business Mailing Address										
116 WEST BOUGAINVILLEA AVENUE 116 V		-	16 WEST BOUGAINVILLEA AVENUE				·			
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-P	CR2E03	4 (10/03)			
City & State		City & State			4. FEI Number 59-3720	158			plied For t Applicable	
Zip	p Country Zip		Country		5. Certificate of	Status Desired		8.75 Add ee Required		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered A	gent ——		
DATEL NILECLIA				Name .						
PATEL, NILESH M 115 SOUTH WILLOW AVENUE TAMPA, FL 33606				Street Address (P.O. Box Number is Not Acceptable)						
TAWITA, FI	L 33000		İ							
				City			FL	Zip Code	e	
	named entity submits this statement for	or the purpose of changing its	s registere	ed office or reg	gistered agent, or both	, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE_										
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature re	equired when reinstating)		DATE			
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa	aign Finar		\$5.00 May Be Added to Fees		DATE			
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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.

PRANTY 3. PATTY

R3 - 935-155

SIGNATURE:

Signature and typed on PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/04