

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90211 028 \*\*\*150.00

60001201



<b>DOCUMENT # P01000050506</b> 1. Entity Name <b>TAMPA BAY INDEPENDENT PHYSICIAN ASSOCIATES, INC.</b>																																			
Principal Place of Business <b>116 WEST BOUGAINVILLE AVENUE TAMPA, FL 33612</b>		Mailing Address <b>116 WEST BOUGAINVILLE AVENUE TAMPA, FL 33612</b>																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>17605 HACKAMORE PL</b> Suite, Apt. #, etc.																																	
City & State <b>LOTZ, FL</b>		4. FEI Number <b>59-3720158</b>																																	
Zip <b>33549</b>		Country <b>USA</b>																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable																																	
6. Name and Address of Current Registered Agent  <b>PATEL, NILESH M 115 SOUTH WILLOW AVENUE TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name <b>PRAVIN D. PATEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>17605 HACKAMORE PLACE</b> City <b>LOTZ, FL</b> Zip Code <b>33549</b>																																	
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: <i>Pravin D Patel</i> <b>PRAVIN D. PATEL Resident 1/3/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>D PATEL, PRAVIN D 116 WEST BOUGAINVILLE AVENUE TAMPA, FL 33612</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PATEL, PRAVIN D 116 WEST BOUGAINVILLE AVENUE TAMPA, FL 33612</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Pravin D Patel</i> <b>PRAVIN D. PATEL 1/3/07 813-935-2591</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			