

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90199 019 ***150.00

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DOCUMENT # P02000013416



1. Entity Name
BAYSIDE HEALTHCARE PLANT CITY, INC.

Principal Place of Business
1903 LUMSDEN RD
BRANDON FL 33511

Mailing Address
1903 LUMSDEN RD
BRANDON FL 33511



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1903 W. Lumsden Rd

Suite, Apt. #, etc.
1903 W. Lumsden Rd.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
71-0864845

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOMHOFF, PHILLIP JR. ESQ
5327 COMMERCIAL WAY
PARK PLACE STE D-122
SPRING HILL FL 34606

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
DONOFRIO, KEVIN
STREET ADDRESS 1903 LUMSDEN RD
CITY-ST-ZIP BRANDON FL 33511

TITLE NAME Change Addition
STREET ADDRESS 2503 Culbreath Cove Ct
CITY-ST-ZIP Valrico, FL 33594

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME Change Addition
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: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 812-654-6868
Date Daytime Phone #

CR2E034 (10/02)