

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000018830 (8)**

1. Corporation Name
BAY AREA SURGICAL ASSISTANCE, INC.



Principal Place of Business: **2628 TENTH COURT PALM HARBOR FL 34684**
Mailing Address: **2628 TENTH COURT PALM HARBOR FL 34684**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **03/11/1993**
3a. Date of Last Report: **02/03/1995**
4. FEI Number: **65-0412392**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**REPKA, DENNIS L
37584 U.S. HWY. 19
PALM HARBOR FL 34684-1019**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(If the Registered Agent Signature is required when not changing)

12. OFFICERS AND DIRECTORS

| | | |
|---------------------|---------------------------------|---------------------------------|
| 11. TITLE | DST | <input type="checkbox"/> DELETE |
| 12. NAME | DANIELS, TERRI | |
| 13. STREET ADDRESS | 2628 10TH COURT | |
| 14. CITY - ST - ZIP | PALM HARBOR FL 34684 | |
| 15. TITLE | DP | <input type="checkbox"/> DELETE |
| 16. NAME | HOGAN, GAIL | |
| 17. STREET ADDRESS | 5109 BLUE HERON DRIVE | |
| 18. CITY - ST - ZIP | NEW PORT RICHEY FL 34652 | |
| 19. TITLE | | <input type="checkbox"/> DELETE |
| 20. NAME | | |
| 21. STREET ADDRESS | | |
| 22. CITY - ST - ZIP | | |
| 23. TITLE | | <input type="checkbox"/> DELETE |
| 24. NAME | | |
| 25. STREET ADDRESS | | |
| 26. CITY - ST - ZIP | | |
| 27. TITLE | | <input type="checkbox"/> DELETE |
| 28. NAME | | |
| 29. STREET ADDRESS | | |
| 30. CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | |
| 15. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME | HOGAN, GAIL |
| 17. STREET ADDRESS | |
| 18. CITY - ST - ZIP | |
| 19. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME | |
| 21. STREET ADDRESS | |
| 22. CITY - ST - ZIP | |
| 23. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. NAME | |
| 25. STREET ADDRESS | |
| 26. CITY - ST - ZIP | |
| 27. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28. NAME | |
| 29. STREET ADDRESS | |
| 30. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *TERRI DANIELS* **TERRI DANIELS** 2-22-96 (813) 784-3704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: (813) 784-3704

CR2E034 (12/95)