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FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000079440 (1)

1. Corporation Name

BAY AREA MEDICAL GROUP, INC.

Principal Place of Business

CORPORATE OFFICE
7450 CORTEZ RD. WEST
BRADENTON FL 34210
US

Mailing Address

7450 CORTEZ RD WEST
BRADENTON FL 34210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

4. FEI Number

65-0527738

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GREENE, ROBERT F
1301 6TH AVE WEST
SUITE 505
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME MUCASEY, JOHN M.D.
STREET ADDRESS 3347 SABAL COVE WAY
CITY-ST-ZIP LONGBOAT KEY FL

TITLE Chairman ☐ DELETE
NAME AMUNDSON, MARTIN M.D.
STREET ADDRESS 4705 26TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE Vice Chairman ☐ DELETE
NAME HOFFMAN, CRAIG M.D.
STREET ADDRESS 4705 26TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE D ☒ DELETE
NAME KOSE, ROBERT M.D.
STREET ADDRESS 2227 59TH ST. WEST
CITY-ST-ZIP BRADENTON FL

TITLE VP Treasurer ☐ DELETE
NAME NELSON, JEFF D
STREET ADDRESS 2227 59TH ST WEST
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE
NAME FISHCO, ROBERT M.D.
STREET ADDRESS 4705 26TH ST WEST
CITY-ST-ZIP BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Jose Acosta, M.D. Secretary ☐ Change ☒ Addition
1.2 NAME 4015 US Hwy 301 N.
1.3 STREET ADDRESS Ellenton, FL 34222
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

7-1-98

CR2E034 (10/97)