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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90016 007 ***600.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079440

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 **S** ☐ DELETE
NAME **ACOSTA, JOSE MD**
STREET ADDRESS **4015 US HWY 301 N**
CITY-ST-ZIP **ELLENTON FL 34222**

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

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

TITLE **T** ☒ 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**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **VICE CHAIRMAN** ☒ Change ☐ Addition
12 NAME **ACOSTA, JOSE MD**
13 STREET ADDRESS **4015 US HWY 301 N**
14 CITY-ST-ZIP **ELLENTON FL 34222**

21 TITLE **TREASURER** ☒ Change ☐ Addition
22 NAME **MARTIN AMUNDSON MD**
23 STREET ADDRESS **4705 26th STW**
24 CITY-ST-ZIP **BRADENTON FL 34201**

31 TITLE **CHAIRMAN** ☒ Change ☐ Addition
32 NAME **HOFFMAN, CRAIG MD**
33 STREET ADDRESS **4705 26th STW**
34 CITY-ST-ZIP **BRADENTON FL 34201**

41 TITLE **SECRETARY** ☐ Change ☒ Addition
42 NAME **MARCIANES, WERTHER MD**
43 STREET ADDRESS **7450 CORTEZ ROAD W**
44 CITY-ST-ZIP **BRADENTON FL 34210**

51 TITLE **DIRECTOR AT LARGE** ☐ Change ☒ Addition
52 NAME **KOSER, ROBERT MO**
53 STREET ADDRESS **2227 59th ST W**
54 CITY-ST-ZIP **BRADENTON FL 34209**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99 **941-798-9700**

Date

Daytime Phone #

CR2E034 (11/98)