

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037095

1. Entity Name

BAY AREA INTERNAL MEDICINE & GERIATRIC CARE, P.A

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90225 011 \*\*\*150.00

Principal Place of Business

Mailing Address

700 TYRONE BLVD. NORTH  
 ST. PETERSBURG FL 33710

700 TYRONE BLVD. NORTH  
 ST. PETERSBURG FL 33710-7127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3314510**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, SANDIP I ESQUIRE**  
**C/O PATEL, MOORE & O'CONNOR, P.A.**  
**2240 BELLEAIR ROAD SUITE #160**  
**CLEARWATER FL 33764**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>PATEL, KIRIT</b>                      |
| STREET ADDRESS | <b>700 TYRONE BLVD. NORTH</b>            |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33710</b>           |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>SHAH, SAMIR</b>                       |
| STREET ADDRESS | <b>700 TYRONE BLVD. NORTH</b>            |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33710</b>           |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>PATEL, VIJAY</b>                      |
| STREET ADDRESS | <b>700 TYRONE BLVD. NORTH</b>            |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33710</b>           |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>HEMANT, DESAI</b>                     |
| STREET ADDRESS | <b>700 TYPONE BLVD NORTH</b>             |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33710</b>           |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>PIYUSH DALAL</b>   |
| STREET ADDRESS | <b>700 TYRONE BLVD</b>  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33710</b>   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sandip Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

(727) 384-5959

Daytime Phone #

CR2E034 (9/99)