

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90351 035 ***150.00

DOCUMENT # P95000037095
 1. Entity Name
BAY AREA INTERNAL MEDICINE & GERIATRIC CARE, P.A.



Principal Place of Business: **700 TYRONE BLVD. NORTH ST. PETERSBURG, FL 33710**
 Mailing Address: **700 TYRONE BLVD. NORTH ST. PETERSBURG, FL 33710**

40073450

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



04172006 Chg-P CR2E034 (11/05)

4. FEI Number: **59-3314510** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **PATEL, SANDIP I ESQUIRE C/O PATEL, MOORE & O'CONNOR, P.A. 2240 BELLEAIR ROAD SUITE #160 CLEARWATER, FL 33764**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, KIRIT			NAME			
STREET ADDRESS	700 TYRONE BLVD. NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAH, SAMIR			NAME			
STREET ADDRESS	700 TYRONE BLVD. NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, VIJAY			NAME			
STREET ADDRESS	700 TYRONE BLVD. NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEMANT, DESAI			NAME			
STREET ADDRESS	700 TYRONE BLVD NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALAL, PIYUSH			NAME			
STREET ADDRESS	700 TYRONE BLVD			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SAMIR C. SHAH (SAMIR C. SHAH) 4/27/06 (727)384-5959
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #