
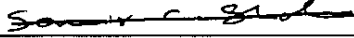



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90052 036 ***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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3314510			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: 				DATE: 2/21/08			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 TYPONE 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: 				DATE: 2/21/08 DAYTIME PHONE #: 727-384-5959			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #			