

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037095

FILED
Apr 28, 2009
Secretary of State

Entity Name: BAY AREA INTERNAL MEDICINE & GERIATRIC CARE, P.A.

Current Principal Place of Business:

700 TYRONE BLVD. NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

700 TYRONE BLVD. NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3314510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATEL, KIRIT
Address: 700 TYRONE BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: SHAH, SAMIR
Address: 700 TYRONE BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: PATEL, VIJAY
Address: 700 TYRONE BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: HEMANT, DESAI
Address: 700 TYPONE BLVD NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: DALAL, PIYUSH
Address: 700 TYRONE BLVD
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMIR SHAH

D

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date