

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037095

FILED
Feb 25, 2011
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:

BAY AREA
700 TYRONE BLVD
ST.PETERSBURG, FL 33710 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIRIT PATEL

D

02/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date