


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90140 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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 **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| 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 | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMIR J. SHAH **S/1103** **(727) 384-5959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)