## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9

P95000037095

1. Entity Name

BAY AREA INTERNAL MEDICINE & GERIATRIC CARE, P.A



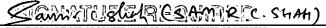
FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90140 036 \*\*\*150.00

Principal Place of Business 700 TYRONE BLVD. NORTH ST. PETERSBURG FL 33710		700 T	Mailing Address 700 TYRONE BLVD. NORTH ST. PETERSBURG FL 33710							
2. Principal P	Place of Business	3. Mai	3. Mailing Address					1881 JUIDAN BONSA 1		
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City	City & State				4. FEI Number 59-3314510		oplied For ot Applicable	
Zip	Country Zip			Count	Country				75 Additional Required	
6. Name and Address of Current Registered Agent						7. N	Name and Address of New Registered			
and the second s					Name					
PATEL, SANDIP I ESQUIRE					Street Address (P.O. Box Number is Not Acceptable)					
C/O PATEL, MOORE & O'CONNOR, P.A. 2240 BELLEAIR ROAD SUITE #160										
CLEARWATER FL 33764					City FL Zip Code			e		
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 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							9. Election Campaign Financing	\$5.0	O May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Trust Fund Contribution.		to Fees	
10.	OFFICERS AN		l DRS	11.		AD	<u> </u>  DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
	D		☐ Delete	TITLE				☐ Change	Addition	
	PATEL, KIRIT 700 TYRONE BLVD. NORTH			NAME	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ST. PETERSBURG FL 33710				ST-ZIP					
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	SHAH, SAMIR			NAME	ET ADDRESS				İ	
CITY-ST-ZIP	700 TYRONE BLVD. NORTH ST. PETERSBURG FL 33710				ST-ZIP					
TITLE	D		☐ Delete	TITLE	1	<del></del>		☐ Change	☐ Addition	
NAME	PATEL, VIJAY			NAME	1		يهوج لين الأصف الباس ال	<u></u>		
"STREET ADDRESS" CITY-ST-ZIP	700 TYRONE BLVD. NORTH ST. PETERSBURG FL 33710				ST-ZIP					
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	HEMANT, DESAI			NAME	:					
	700 TYPONE BLVD NORTH				ET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33710			-	ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	D Dalal, Piyush		☐ Delete	TITLE	I .			La Unange	☐ Actition	
	700 TYRONE BLVD				ET ADORESS					
CITY-ST-ZIP	SAINT PETERSBURG FL 33710			CITY-	ST-ZIP		····			
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREE	ET ADDRESS				Ì	
CITY-ST-ZIP					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:



5/1103

(727) 384-5959