

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED
AND
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1999 AUG 31 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000097318

1. Corporation Name
BAYSIDE HEALTHCARE CENTERS OF CENTRAL FLORIDA, I NC.

Principal Place of Business: 4840 ARMENIA AVENUE TAMPA FL

Mailing Address: 4840 ARMENIA AVENUE TAMPA FL

2. Principal Place of Business: 21 1320 N. MAIN ST, Suite, Apt. #, etc. 22 Suite B, City & State 23 Kissimmee FL, Zip 24 34744, Country 25 Osceola

2a. Mailing Address: 26 1320 N. MAIN ST, Suite, Apt. #, etc. 27 Suite B, City & State 28 Kissimmee FL, Zip 29 34744, Country 30 Osceola

3. Date incorporated or Qualified: 11/12/1997

4. FEI Number: 59-3406321

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
DR. VASCO A. RODRIGUEZ
3215 VILLA ROSA STREET
SUITE 750
TAMPA FL 33611

10. Name and Address of New Registered Agent
81 Name: Dr. Vasco A. Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable): 1320 N. Main St
83 Suite B
84 City: Kissimmee FL 85 Zip Code: 34744

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, VASCO A	1.2 NAME	
STREET ADDRESS	4840 ARMENIA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (Signature of Dr. Vasco A. Rodriguez) 1/7/99 (407) 932 9111

AD

Ag 2

The Bank of Tampa

POST OFFICE BOX ONE
TAMPA, FLORIDA 33601-0001

4400 NORTH ARMENIA AVENUE
TAMPA, FLORIDA 33603
(813) 872-1205
FAX (813) 872-0458

John H. Marshall
VICE PRESIDENT

June 18, 1999

Ms. Pat Bailey
Florida Department State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Re: Bayside Health Care Center, Inc., P.A.

Dear Ms. Bailey:

I am writing this letter on behalf of Dr. Rodriguez, a good standing customer of our bank. Dr. Rodriguez informed me of a situation that occurred earlier this year that resulted from two payments of \$150.00 each to your department. It appears that both checks were returned to the state due to an error on the part of the bank. At the time these checks were issued, Dr. Rodriguez was in the process of closing his accounts with the bank due to a relocation of his practice. In the process of closing his accounts, we failed to inform Dr. Rodriguez to the fact that these two checks (copies enclosed) had not yet cleared the bank. Subsequently, when presented for payment, the checks were returned. I would appreciate your assistance in working with Dr. Rodriguez and not penalizing him for this unfortunate incident.

Should you need any further information or would care to contact me directly, I can be reached at 813-872-1205.

Best Regards,


John H. Marshall