DOCUMENT # P98000091728 1. Entity Name BAYSIDE HEALTHCARE MEDICAL CENTERS, INC.				FILED Jan 10, 2001 8:00 am Secretary of State	
Principal Place of Busines		Mailing Address		01-10-2001 90083 019 ***150.00	
340 n Armenia ave Ampa FL 33603		4840 N ARMENIA AVE TAMPA FL 33603			
2. Principal Place of Busi	iness	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3538178 Applied For Not Applicable	3
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Nam	e and Address of Current Re	gistered Agent	- Nama	7. Name and Address of New Registered Agent	1
LEE, JAMES EDWARD II 4840 N ARMENIA AVE TAMPA FL 33603			Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code]
	_	FILE NOW After MAY 1, 20	TE: Registered Agent signature requirements 11!! FEE IS \$150.00 1001 Fee will be \$550.00 1001 ble to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
1.	OFFICERS AND DU				
	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1 =
TREET ADDRESS 4840 N A	MES E II ARMENIA AVE	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	PE034 (10/00)
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AMME LEE, JAM ARAGORESS ARTHER ADDRESS LITY-ST-ZIP LITLE LIAME LITRET ADDRESS LITY-ST-ZIP LITLE LIAME LITHEL ADDRESS LITY-ST-ZIP LITHEL LITHEL ADDRESS LITY-ST-ZIP LITHEL LITHEL ADDRESS LITY-ST-ZIP LITHEL ADDRESS LITY-ST-ZI	HES E II ARMENIA AVE FL 33603 The information supplied with the control of supplemental report is to	Delete Delete Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Change Addition Change Addition Change Addition Change Addition	