

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:49**

DOCUMENT # P93000044449 (5)

1. Corporation Name

A-BAY AREA MEDICAL CLINICS, P.A.

Principal Place of Business

Mailing Address

**5039 CENTRAL AVE.
ST. PETERSBURG FL 33710**

**5039 CENTRAL AVE.
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3211735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARACH, FERNANDO C
5039 CENTRAL AVE
ST PETERSBURG FL 33710**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PSTD
LARACH, FERNANDO C
5039 CENTRAL AVE.
ST. PETERSBURG FL 33710**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

5/31/95 (813) 327-879