

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000001346

Entity Name: BAY AREA ENDOSCOPY AND SURGERY CENTER LIMITED
PARTNERSHIP

Current Principal Place of Business:

5771 49TH STREET NORTH
ST. PETERSBURG, FL 33709

Current Mailing Address:

5767 49TH STREET NORTH
ST. PETERSBURG, FL 33709

FEI Number: 59-3213374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAMATH, JAYAPRAKASH KMD
5767 49TH STREET NORTH
ST. PETERSBURG, FL 33709 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document # P93000073689

Name BAY AREA ENDOSCOPY
ASSOCIATES, INC.

Address 5771 49TH STREET NORTH

City-State-Zip: ST. PETERSBURG FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAYAPRAKASH KAMATH, MD

06/11/2013

Electronic Signature of Signing General Partner Detail

Date