

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030399

Entity Name: BAYSIDE GYNECOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

333 TAMIAMI TRAIL S
SUITE 397
VENICE, FL 34285

Current Mailing Address:

333 TAMIAMI TRAIL S
SUITE 397
VENICE, FL 34285

FEI Number: 65-1085741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLPMANN, MICHAEL J M.D.
424 TITIAN DR
OSPREY, FL 34229 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

Officer/Director Detail :

Title PRES
Name WOLPMANN, MICHAEL J M.D.
Address 424 TITIAN DR
City-State-Zip: OSPREY FL 34229

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL WOLPMANN

PRESIDENT

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date