#### 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030399

Entity Name: BAYSIDE GYNECOLOGY ASSOCIATES, P.A.

y Name: BAYSIDE GYNECOLOGY ASSOCIATES, P

# **Current Principal Place of Business:**

959 E VENICE AVENUE VENICE. FL 34285

### **Current Mailing Address:**

959 E VENICE AVENUE VENICE. FL 34285 US

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

FILED Jan 06, 2017

**Secretary of State** 

CC0860775628

#### 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.

Electronic Signature of Signing Officer/Director Detail