

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000030399

**Entity Name:** BAYSIDE GYNECOLOGY ASSOCIATES, P.A.

**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

**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 J. WOLPMANN, MD

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date