

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000037095

**Entity Name:** BAY AREA INTERNAL MEDICINE & GERIATRIC CARE, P.A.

**Current Principal Place of Business:**

700 TYRONE BLVD. NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

700 TYRONE BLVD. NORTH  
ST. PETERSBURG, FL 33710

**FEI Number:** 59-3314510

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAY AREA  
700 TYRONE BLVD  
ST.PETERSBURG, FL 33710 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 D  
Name PATEL, KIRIT  
Address 700 TYRONE BLVD. NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name SHAH, SAMIR  
Address 700 TYRONE BLVD. NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name HEMANT, DESAI  
Address 700 TYPONE BLVD NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title D  
Name DALAL, PIYUSH  
Address 700 TYRONE BLVD  
City-State-Zip: SAINT PETERSBURG FL 33710

*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:** SHAH SAMIR

MM

04/17/2024

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

\_\_\_\_\_  
Date