

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2013
Secretary of State
CC1349525084

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 PATEL, VIJAY
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: SAMIR SHAH

D

03/28/2013

Electronic Signature of Signing Officer/Director Detail

Date