

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90059 046 \*\*\*158.75

**DOCUMENT # 643610**

1. Entity Name  
**BAY AREA UROLOGY, INCORPORATED**



40001473



Principal Place of Business  
**6043 WINTHROP COMMERCE AVE  
SUITE 201  
RIVERVIEW, FL 33578 US**

Mailing Address  
**6043 WINTHROP COMMERCE AVE  
SUITE 201  
RIVERVIEW, FL 33578 US**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1960868**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBERT KARP  
6043 WINTHROP COMMERCE AVE STE 201  
RIVERVIEW, FL 33578**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARP, ROBERT L M.D. 500 VONDERBURG BRANDON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALVER, JAMES E M.D. 500 VONDERBURG BRANDON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAOLA, ANGELO S M.D. 500 VONDERBURG BRANDON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Add new partner</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA Karp, Robert L. M.D. 6043 Winthrop Commerce Ave, Ste 201 Riverview, FL 33578	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Alver, James E. M.D. 6043 Winthrop Commerce Ave Ste 201 Riverview, FL 33578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paola, Angelo S. M.D. 6043 Winthrop Commerce Ave, #201 Riverview, FL 33578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Baker, Mark B M.D. 6043 Winthrop Commerce Ave # 201 Riverview, FL 33578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-07

Date

F13-685-0827

Daytime Phone #