2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 13, 2014
Secretary of State

DOCUMENT# 643610

Entity Name: BAY AREA UROLOGY, INCORPORATED

Current Principal Place of Business:

6043 WINTHROP COMMERCE AVE
SUITE 201
RIVERVIEW, FL 33578 US

New Principal Place of Business:

Current Mailing Address:

6043 WINTHROP COMMERCE AVE
SUITE 201
RIVERVIEW, FL 33578 US

New Mailing Address:

FEI Number: 59-1960868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JAMES E. ALVER
6043 WINTHROP COMMERCE AVE STE 201
RIVERVIEW, FL 33578 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: JAMES E. ALVER 11/13/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ALVER, JAMES E M.D.
Address: 6043 WINTHROP COMMERCE AVE STE 201
City-St-Zip: RIVERVIEW, FL 33578

Title: V
Name: PAOLA, ANGELO S M.D.
Address: 6043 WINTHROP COMMERCE AVE STE 201
City-St-Zip: RIVERVIEW, FL 33578

Title: ST
Name: BAKER, MARK B M.D.
Address: 6043 WINTHROP COMMERCE AVE STE 201
City-St-Zip: RIVERVIEW, FL 33578

Title: T
Name: BAKER, MARK B MD
Address: 6043 WINTHROP COMMERCE AVE STE 201
City-St-Zip: RIVERVIEW, FL 33578

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: JAMES E. ALVER PD 11/13/2014
Electronic Signature of Signing Officer or Director Date