

2000 UNIFORM BUSINESS REPORT (UBR)

0014759

DOCUMENT # A97000002125
1. Entity Name
 BAY AREA MEDICAL PLAZA, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29

Principal Place of Business
 1700 PACIFIC AVE., 49TH FLOOR
 DALLAS TX 75201

Mailing Address
 1700 PACIFIC AVE., 49TH FLOOR
 DALLAS TX 75201-7322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3501 CORTEZ RD.
 Suite, Apt. #, etc.

3. Mailing Address
 3501 CORTEZ RD.
 Suite, Apt. #, etc.

City & State
 BRADENTON FL

City & State
 BRADENTON FL

Zip 34210 **Country** USA

Zip 34210 **Country** USA

4. FEI Number 75-2727672

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name John MURPHY, M.D. / President, CEO
Street Address (P.O. Box Number is Not Acceptable)
 3501 CORTEZ RD.
City BRADENTON **FL** **Zip Code** 34210

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.

SIGNATURE *[Signature]* **DATE** 6/19/00

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

9. Capital Contributions as Shown on record \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000005628	STREET ADDRESS	3000003266293-1
NAME	HEALTHCARE AMERICA GROUP, LLC	CITY-ST-ZIP	-05/25/00--01034--004
STREET ADDRESS	3501 CORTEZ ROAD WEST		*****52.50 *****52.50
CITY-ST-ZIP	BRADENTON FL 34210-2408		
DOCUMENT #		STREET ADDRESS	3000003266293-1
NAME		CITY-ST-ZIP	-05/25/00--01034--005
STREET ADDRESS			*****97.50 *****97.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *[Signature]* **DATE** 4/3/00 **DAYTIME PHONE #** 941-752-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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