

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002125**

1. Entity Name

**BAY AREA MEDICAL PLAZA, LTD.**

Principal Place of Business

**3501 CORTEZ ROAD  
BRADENTON FL 34210**

Mailing Address

**3501 CORTEZ ROAD  
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**JOHN MUCASEY, M.D./PRESIDENT, CEO  
3501 CORTEZ ROAD  
BRADENTON FL 34210**

7. Name and Address of New Registered Agent

Name

**Jeff Nelson**

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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**  
NAME **HEALTHCARE AMERICA GROUP, LLC**  
STREET ADDRESS **3501 CORTEZ ROAD WEST**  
CITY-ST-ZIP **BRADENTON FL 34210-2408**

STREET ADDRESS

CITY-ST-ZIP

**FF \$141.25**

DOCUMENT #  
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**200004437182--9**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Jeff Nelson, MD**

**4/26/2001**

Date

**941-752-2700**

Daytime Phone #

**FILED**  
**01 JUN 21 PM 12:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)