

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015907 AT

DOCUMENT # **A97000002125**

1. Entity Name

BAY AREA MEDICAL PLAZA, LTD.

02 JUN 10 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3501 CORTEZ ROAD BRADENTON FL 34210	Mailing Address 3501 CORTEZ ROAD BRADENTON FL 34210
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 75-2727672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: **Nelson, Jeff, MD**
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: _____

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
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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	
DOCUMENT #	L99000005628
NAME	HEALTHCARE AMERICA GROUP, LLC
STREET ADDRESS	3501 CORTEZ ROAD WEST
CITY-ST-ZIP	BRADENTON FL 34210-2408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800005482958--7
STREET ADDRESS	-05/08/02--01018--016
CITY-ST-ZIP	****341.25 ****61.25
STREET ADDRESS	80.00 - Adm
CITY-ST-ZIP	Use some tracking number
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005482958--7
CITY-ST-ZIP	-06/12/02--01075--014
STREET ADDRESS	****80.00 ****80.00

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]* **SIGNATURE REQUIRED Jeff Nelson, MD 6/2/02 941-752-2700**

STAPLE CHECK HERE

CR2E003 (9/01)