

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90021 039 ***150.00

DOCUMENT # G61806

1. Entity Name

BAY AREA MEDICAL EXCHANGE OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~5999 CENTRAL AVE~~

~~P.O. BOX 40760~~

~~SUITE 201~~

~~ST. PETERSBURG FL 33710~~

~~ST. PETERSBURG FL 33710~~

US

US

2. Principal Place of Business

6431 Central Ave

3. Mailing Address

6431 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-2378924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUR, THOMAS F., JR.

Name

~~5999 CENTRAL AVE STE 201~~

~~ST. PETERSBURG FL 33710~~

Street Address (P.O. Box Number is Not Acceptable)

6431 Central Ave

St Petersburg,

FL

33710

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

Cynthia J. Baur

4-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BAUR, TOM**
 STREET ADDRESS ~~5999 CENTRAL AVE STE 201~~
 CITY-ST-ZIP ~~ST PETERSBURG FL~~

TITLE ☐ Change ☐ Addition
 NAME **6431 Central Ave**
 STREET ADDRESS **ST Petersburg, FL**
 CITY-ST-ZIP **33710**

TITLE **VP** ☐ Delete
 NAME **BAUR, CYNTHIA J**
 STREET ADDRESS ~~5999 CENTRAL AVE STE 201~~
 CITY-ST-ZIP ~~ST PETERSBURG FL~~

TITLE ☐ Change ☐ Addition
 NAME **6431 Central Ave**
 STREET ADDRESS **ST Petersburg, FL**
 CITY-ST-ZIP **33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia J. Baur

4-15-02

1800 3701131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0452031 AV

CR2E034 (9/01)