

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G61806

FILED
Apr 24, 2004
Secretary of State

Entity Name: BAY AREA MEDICAL EXCHANGE OF SARASOTA, INC.

Current Principal Place of Business:

6431 CENTRAL AVE
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

6431 CENTRAL AVE
ST. PETERSBURG, FL 33710 US

New Mailing Address:

PO BOX 40750
ST. PETERSBURG, FL 33743 US

FEI Number: 59-2378924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, THOMAS F., JR.
341 BAY PLAZA
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

BAUR, CYNTHIA J
341 BAY PLAZA
SAINT PETERSBURG, FL 33706 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: CYNTHIA J BAUR

04/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAUR, THOMAS F JR
Address: 6431 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP () Delete
Name: BAUR, CYNTHIA J,
Address: 6431 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BAUR, CYNTHIA J
Address: 6431 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VPD (X) Change () Addition
Name: BAUR, THOMAS F JR
Address: 6431 CENTRAL AVE.
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA J BAUR

PD

04/24/2004

Electronic Signature of Signing Officer or Director

Date