

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90350 050 \*\*\*\*50.00

<b>DOCUMENT # L03000052105</b> 1. Entity Name <b>BAY AREA QUALITY MEDICAL CARE, L.L.C.</b>					
Principal Place of Business <i>Hospital Medical Arts Center</i> <b>HELEN ELLIS MEMORIAL HOSPITAL, STE 100</b> <b>MEDICAL ARTS CTR, 2114 SEVEN SPRINGS</b> <b>NEW PORT RICHEY FL 34655</b>				Mailing Address <b>HELEN ELLIS MEMORIAL HOSPITAL, STE 100</b> <b>MEDICAL ARTS CTR, 2114 SEVEN SPRINGS</b> <b>NEW PORT RICHEY FL 34655</b>	
<i>Helen Ellis Memorial Hospital Medical Arts Center</i> 2. Principal Place of Business <b>2114, Seven Springs Blvd</b>				3. Mailing Address <b>- Same -</b>	
Suite, Apt. #, etc. <b>100</b>				Suite, Apt. #, etc. 	
City & State <b>New Port Richey</b>				City & State 	
Zip <b>34655</b>		Country <b>Pasco</b>		Zip 	
Country 		4. FEI Number <b>72-1576265</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GASSMAN, ALAN S ESQ</b> <b>1245 COURT ST, STE 102</b> <b>CLEARWATER FL 33756</b>				7. Name and Address of New Registered Agent Name 	
				Street Address (P.O. Box Number is Not Acceptable) 	
				City <b>FL</b>	
				Zip Code 	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS	<b>Manager Ashvin Shingala</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>2114, Seven Springs Blvd, Suite # 100</b>		CITY-ST-ZIP		
	<b>New Port Richey, FL 34655</b>				
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Delete <input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Shingala</i></u> <b>4/2/04</b> <b>727-375-8528</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					