

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

01-31-2005 90202 017 ****55.00

DOCUMENT # L04000022754 1. Entity Name BAY AREA INFECTIOUS DISEASE AND INFUSION CENTER, PLC					
Principal Place of Business 5840 PARK BLVD PINELLAS PARK, FL 33781 US			Mailing Address 5840 PARK BLVD PINELLAS PARK, FL 33781 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 34-6041470				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent UPPAL, NEELAM T 5840 PARK BLVD. PINELLAS PARK, FL 33781	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reissuing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UPPAL, NEELAM T 5840 PARK BLVD PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 606, Florida Statutes.					
SIGNATURE: <u>Neelam uppal</u> 1/23/05 SIGNATURE AND TYPED OR PRINTED NAME OF SEEDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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