

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28494

FILED
Apr 27, 2004
Secretary of State

Entity Name: BAY AREA PRIMARY CARE ASSOCIATES, INC.

Current Principal Place of Business:

3105 WEST WATERS AVE.
SUITE 315
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 272897
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-2981700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SANDIP I ESQ
3105 WEST WATERS AVE., STE 315
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

STAMATAKIS, PA
2701 N ROCKY POINT DR
525
TAMPA, FL 33614 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: SCOTT D. STAMATAKIS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: PATEL, PALLAVI K
Address: 3105 WEST WATERS AVE., STE 315
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PALLAVI PATEL

VPD

04/27/2004

Electronic Signature of Signing Officer or Director

Date