

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28494

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** BAY AREA PRIMARY CARE ASSOCIATES, INC.

**Current Principal Place of Business:**

7108 N.NEBRASKA AVE.  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

5600 MARINER STREET  
SUITE 200  
TAMPA, FL 33609 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:**

BIJAL, PATEL ESQ  
5600 MARINER STREET  
SUITE 200  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JUDD, SONALI K MD  
Address: 7108 N NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33604

Title: VP  
Name: JUDD, SCOTT MD  
Address: 7108 N NEBRASKA AVENUE  
City-St-Zip: TAMPA, FL 33604

I hereby 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 all other like empowered.

SIGNATURE: SONALI K JUDD, MD

P

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date