2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000009422 BAC FOUNDATION, INC.

FILED May 03, 2006 08:00 AM Secretary of State

Principal Place of Business 404 VONDERBURG DRIVE BRANDON, FL 33511

Mailing Address

404 VONDERBURG DRIVE BRANDON, FL 33511



DO	NOT	WR	ITE	IN	THIS	SPACE
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05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For 20-0891325 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

F & L CORP. ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202

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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.	

(NOTE Registered Agent signature required when reinstating)

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Filing Fee is \$61.25 Due by May 1, 2006

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME KHANT, RANCHHOD N M.D. STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511 TITLE TAMBOLI, HOSHEDAR M.D. STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511 TITLE MESTER, STEPHEN M.D. NAME STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511 TITLE TD NAME CHOKSHI, SAURABH K M.D. STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511 TITI F BUGNI, WILLIAM G M.D. STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511 TITLE D BETZU, ROBERT M M.D. STREET ADDRESS 404 VONDERBURG DRIVE CITY-ST-ZIP BRANDON, FL 33511

U00000562002 05/19/06-80038-002 150.00

DATE

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: