

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90187 009 ****61.25

DOCUMENT # N03000009422 1. Entity Name BAC FOUNDATION, INC.					
Principal Place of Business 404 VONDERBURG DRIVE BRANDON, FL 33511				Mailing Address 404 VONDERBURG DRIVE BRANDON, FL 33511	
2. Principal Place of Business - No P.O. Box # 635 Eichenfeld DR <small>Suite, Apt. #, etc.</small>		3. Mailing Address 635 Eichenfeld DR <small>Suite, Apt. #, etc.</small>			
City & State Brandon FL <small>Zip</small> 33511 <small>Country</small> USA		City & State Brandon, FL <small>Zip</small> 33511 <small>Country</small> USA		4. FEI Number 20-0891325	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KHANT, RANCHHOD N M.D. 404 VONDERBURG DRIVE 635 Eichenfeld BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rolando D Rodriguez 2, MD 635 Eichenfeld DR BRANDON, FL 33511		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TAMBOLI, HOSHEDAR M.D. 404 VONDERBURG DRIVE 635 Eichenfeld DR BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MESTER, STEPHEN M.D. 404 VONDERBURG DRIVE 635 Eichenfeld DR BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHOKSHI, SAURABH K M.D. 404 VONDERBURG DRIVE 635 Eichenfeld DR BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUGNI, WILLIAM G M.D. 404 VONDERBURG DRIVE 635 Eichenfeld DR BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BETZU, ROBERT M M.D. 404 VONDERBURG DRIVE 635 Eichenfeld DR BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					