

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007620

FILED
Apr 20, 2009
Secretary of State

Entity Name: BAY AREA ASSOCIATION OF MEDICAL INSTRUMENTATION INC.

Current Principal Place of Business:

9471 FOREST HILLS PLACE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

9471 FOREST HILLS PLACE
TAMPA, FL 33612 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAREY, PAULA A
9471 FOREST HILLS PLACE
TAMPA, FL 33612 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: PRES () Delete
Name: RICHARDSON, JOHN R
Address: 1106 VINETREE DR.
City-St-Zip: BRANDON, FL 33510 US

Title: SEC () Delete
Name: LIJEWSKI, MICHAEL
Address: 7140 5TH ST
City-St-Zip: ST PETERSBURG, FL 33709 US

Title: TRES () Delete
Name: CAREY, PAULA A
Address: 9471 FOREST HILLS PLACE
City-St-Zip: TAMPA, FL 33612

Title: REP () Delete
Name: PEREZ, ALBERTO
Address: 6517 SECREST CT
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA A CAREY

TRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date