

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007620

FILED  
Feb 27, 2010  
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:** 06-1752927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
**Name:** RICHARDSON, JOHN R  
**Address:** 1106 VINETREE DR.  
**City-St-Zip:** BRANDON, FL 33510 US

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PAULA A CAREY

TREA

02/27/2010

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

\_\_\_\_\_  
Date