2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2011
Secretary of State

DOCUMENT# N05000007620

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: ROBERT, LARRY
Address: 2738 VIA TIVOLI #231B
City-St-Zip: CLEARWATER, FL 33756 US

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

Title: TRES
Name: WILLIAMS, TIM
Address: 865 N. VILLAGE DR. # 205
City-St-Zip: ST PETERSBURG, FL 33716

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 SEC 05/02/2011

Electronic Signature of Signing Officer or Director Date