2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007620

FILED Apr 15, 2012 Secretary of State

Entity Name: BAY AREA ASSOCIATION OF MEDICAL INSTRUMENTATION INC.

Current Principal Place of Business: New Principal Place of Business:

9471 FOREST HILLS PLACE 865 N VILLAGE DRIVE

TAMPA, FL 33612 US 205

ST PETERSBURG, FL 33716 US

Current Mailing Address: New Mailing Address:

9471 FOREST HILLS PLACE 865 N VILLAGE DRIVE

TAMPA, FL 33612 US 205

ST PETERSBURG, FL 33716 US

FEI Number: 06-1752927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CAREY, PAULA A WILLIAMS, TIMOTHY D 9471 FOREST HILLS PLACE 865 N VILLAGE DRIVE

TAMPA, FL 33612 US 205 ST PETERSBURG, FL 33716 US

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: TIMOTHY D WILLIAMS 04/15/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: VILLAFANE, CARLOS
Address: 1492 SALAMANDER PLACE
City-St-Zip: TAMPA, FL 33625 US

Title: SEC

Name: CALORE, ALICIA

Address: 12939 BRIDLEFORD DRIVE City-St-Zip: GIBSONTON, FL 33534 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: TIMOTHY D WILLIAMS TRES 04/15/2012