


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90055 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N51339</b>					
1. Corporation Name <b>BAY AREA CONTINUITY OF CARE ASSOCIATION, INC.</b>					
Principal Place of Business 790 OAKWOOD DRIVE SUITE 204-272 LARGO FL 34698 US			Mailing Address 790 OAKWOOD DRIVE SUITE 204-272 DUNEDIN FL 34698 US		
2. Principal Place of Business 21 <b>790 OAKWOOD Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Dunedin FL</b> Zip 24 <b>34698</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>790 OAKWOOD Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Dunedin FL</b> Zip 29 <b>34698</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>10/19/1992</b>	
4. FEI Number <b>59-3153650</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
9. Name and Address of Current Registered Agent <b>PARRI, RAYMOND L. 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616-1285</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of; Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, PATRICIA L		1.2 NAME	HUDSON-SOMMERS, PATRICIA L	
STREET ADDRESS	790 OAKWOOD DRIVE		1.3 STREET ADDRESS	790 OAKWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESLANDES, CHRIS		2.2 NAME	DESLANDES CHRIS	
STREET ADDRESS	9710 16TH STREET NORTH		2.3 STREET ADDRESS	6032 3RD AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33716		2.4 CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMITZ, JAN		3.2 NAME	NEMITZ JAN	
STREET ADDRESS	521 69TH AVENUE NORTH		3.3 STREET ADDRESS	5631 1st ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702		3.4 CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMITZ, JAN		4.2 NAME	NEMITZ JAN	
STREET ADDRESS	5216 9TH AVENUE NORTH		4.3 STREET ADDRESS	5631 1st ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702		4.4 CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia L. Hudson-Sommers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/99

Date

727 738 1030

Daytime Phone #

CR2E037 (1/98)