

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N51339

FILED  
May 27, 2003  
Secretary of State

**Entity Name:** BAY AREA CONTINUITY OF CARE ASSOCIATION, INC.

**Current Principal Place of Business:**

790 OAKWOOD DRIVE  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

4304 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

790 OAKWOOD DRIVE  
DUNEDIN, FL 34698 US

**New Mailing Address:**

P O BOX 532  
DUNEDIN, FL 34697 US

**FEI Number:** 59-3153650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARRI, RAYMOND L.  
1217 PONCE DE LEON BLVD.  
CLEARWATER, FL 346161285 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: PD ( ) Delete  
Name: HUDSON-SOMMERS, PATRICIA L  
Address: 790 OAKWOOD DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: VD ( ) Delete  
Name: EVERT, GLORIA  
Address: 8980 49TH ST N  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: SD ( ) Delete  
Name: WHITE, JAN  
Address: 6017 18TH ST NE  
City-St-Zip: T. PETERSBURG, FL 33703 US

Title: TD ( ) Delete  
Name: WHITE, JAN  
Address: 6017 18TH ST NE  
City-St-Zip: SAINT PETERSBURG, FL 33703 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HUDSON-SOMMERS, PATRICIA L  
Address: 4304 MARINE PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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 for the exemption stated in Section 119.07(3)(i), 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: PATRICIA L. HUDSON-SOMMERS

PD

05/27/2003

Electronic Signature of Signing Officer or Director

Date