


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000000461 (2)

1. Corporation Name

BAY AREA OTOLARYNGOLOGY INDEPENDENT PRACTICE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683

2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

01/19/1995

4. FEI Number

59-3297493

Applied For

Not Applicable

2. Principal Place of Business

21 3450 E Fletcher Ave

Suite, Apt. #, etc.

22 Suite 12

City & State

23 Tampa

Zip

24 33613

Country

25 US

2a. Mailing Address

26 3450 E Fletcher Ave

Suite, Apt. #, etc.

27 Suite 120

City & State

28 Tampa

Zip

29 33613

Country

30 US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ABERNATHY, J M
2323 CURLEW ROAD
SUITE 7E
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

ARNOLD GOODMAN

82 Street Address (P.O. Box Number is Not Acceptable)

3450 E Fletcher Ave

83

Suite 120

84 City

Tampa

FL

85 Zip Code

33613

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 Arnold Goodman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GOODMAN, ARNOLD | |
| STREET ADDRESS | 3450 E. FLETCHER AVE. #120-D | |
| CITY-ST-ZIP | TAMPA FL 33613 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JASN, MICHAEL | |
| STREET ADDRESS | 13801 B.B. DOWNS, #304 | |
| CITY-ST-ZIP | TAMPA FL | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BARNA, JAMES | |
| STREET ADDRESS | 3251 MCMULLEN BOOTH RD. #303 | |
| CITY-ST-ZIP | CLEARWATER FL 34621 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/98 813-972-3550

CR2E037 (5/98)