

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001362

FILED
Mar 03, 2004
Secretary of State

Entity Name: BAY AREA MEDICAL CLINIC, P.A.

Current Principal Place of Business:

6719 GALL BLVD
STE 106
ZEPHYRHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

9305 CYPRESS BEND ROAD
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3616387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, RICHARD F
217 EAST ROBERTSON ST
BRANDON, FL 33511 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAFDAR, SYED A MD
Address: 9305 CYPRESS BEND ROAD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYED A SAFDAR M.D.

P

03/03/2004

Electronic Signature of Signing Officer or Director

Date