

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001362

FILED  
Jan 22, 2006  
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:

6719 GALL BLVD  
STE 106  
ZEPHYRHILLS, FL 33542

## Current Mailing Address:

P.O.BOX 48589  
TAMPA, FL 33647

## New Mailing Address:

FEI Number: 59-3616387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## 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: 6719 GALL BLVD SUITE 106  
City-St-Zip: TAMPA, FL 33542

## 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 Chapter 119, 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 ALI SAFDAR

P

01/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date