

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001362

FILED  
Aug 16, 2008  
Secretary of State

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

## Current Principal Place of Business:

6719 GALL BLVD  
STE 106  
ZEPHYRHILLS, FL 33542

## New Principal Place of Business:

37900 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33541

## Current Mailing Address:

P.O.BOX 48589  
TAMPA, FL 33647

## New Mailing Address:

PO BOX 48589  
TAMPA, FL 33646

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:

SYED, SAFDAR A  
37900 DAUGHTERY ROAD  
ZEPHYRHILL, FL 33541 US

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: SYED A SAFDAR

08/16/2008

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: P (X) Change ( ) Addition  
Name: SAFDAR, SYED A MD  
Address: 37900 DAUGHTERY ROAD  
City-St-Zip: ZEPHYRHILL, FL 33541

I hereby certify that the information supplied with this filing does not qualify 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 A SAFDAR

P

08/16/2008

Electronic Signature of Signing Officer or Director

Date