

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000001362

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

37900 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33541

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 48589  
TAMPA, FL 33646

**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:**

SYED, SAFDAR A  
37900 DAUGHTERY ROAD  
ZEPHYRHILL, FL 33541 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: P  
Name: SAFDAR, SYED A MD  
Address: 37900 DAUGHTERY ROAD  
City-St-Zip: ZEPHYRHILL, FL 33541

I hereby 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 all other like empowered.

SIGNATURE: SYED A SAFDAR

PRES

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date