2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000001362

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

FILED Apr 16, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|---------------------------------|---|--------------------------------------|
| 37900 DAUGHTERY ROA ZEPHYRHILLS, FL 33541 | | | |
| Current Mailing Address: | | 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: | | Name and Address of New Registered Agent: | |
| SYED, SAFDAR A 37900 DAUGHTERY ROA ZEPHYRHILL, FL 33541 | AD US | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electroni | c Signature of Registered Age | ent | Date |
| | | | |

OFFICERS AND DIRECTORS:

Title:

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 P 04/16/2012