

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90288 001 \*\*\*300.00

<b>DOCUMENT # P01000050506</b>					
<b>1. Entity Name</b> TAMPA BAY INDEPENDENT PHYSICIAN ASSOCIATES, INC.					
<b>Principal Place of Business</b> 116 WEST BOUGAINVILLEA AVENUE TAMPA, FL 33612			<b>Mailing Address</b> 116 WEST BOUGAINVILLEA AVENUE TAMPA, FL 33612		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 59-3720158				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PATEL, NILESH M 115 SOUTH WILLOW AVENUE TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, DIPAK 14701 N. FLORIDA AVENUE TAMPA, FL 33613	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PRAVIN D 116 WEST BOUGAINVILLEA AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			PRVIN D. PATEL    1/10/06    813-935-2591		
<b>SIGNATURE:</b>			_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			_____ <small>Date</small>		
			_____ <small>Daytime Phone #</small>		