

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 16, 2004
Secretary of State**

DOCUMENT# P03000018175

Entity Name: BAY AREA PRIMARY CARE, INC.

Current Principal Place of Business:

4219 US HWY. 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4219 US HWY. 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 30-0159339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, THOMAS B
4219 US HWY. 19
NEW PORT RICHEY, FL 34652 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Change (X) Addition
Name: ANDERSON, THOMAS B
Address: 4219 US HWY. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS B. ANDERSON

DR.

12/16/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date