

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084886

Entity Name: BAY AREA OB-GYN, P.A.

FILED  
Aug 28, 2006  
Secretary of State

## Current Principal Place of Business:

13801 BRUCE B. DOWNS BLVD.  
SUITE 201  
TAMPA, FL 33613 US

## New Principal Place of Business:

## Current Mailing Address:

13801 BRUCE B. DOWNS BLVD.  
SUITE 201  
TAMPA, FL 33613 US

## New Mailing Address:

FEI Number: 20-2999697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUSTIN, SCOTT R  
2424 N FEDERAL HIGHWAY  
SUITE 462  
BOCA RATON, FL 33431 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: P/D ( ) Delete  
Name: JOHNSON, HOWARD II MD  
Address: 13801 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613 US

Title: S ( ) Delete  
Name: JOHNSON, HOWARD II MD  
Address: 13801 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613 US

Title: T ( ) Delete  
Name: JOHNSON, HOWARD II MD  
Address: 13801 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD JOHNSON, II, MD

P/D

08/28/2006

Electronic Signature of Signing Officer or Director

Date