

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084886

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

FILED  
Apr 17, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: JOHNSON, HOWARD II MD  
Address: 13801 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613 US

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

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

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: HOWARD U. JOHNSON, II, M.D.

P/D

04/17/2011

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

\_\_\_\_\_ Date