# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 05, 2006**
**Secretary of State**

DOCUMENT# P05000132865

**Entity Name:** BAYSIDE FAMILY HEALTHCARE CLINICS PA

**Current Principal Place of Business:**

8404 WEST HILLSOROUGH AVE
TAMPA, FL 33615

**New Principal Place of Business:**

8488 WEST HILLSOROUGH AVE
TAMPA, FL 33615

**Current Mailing Address:**

1775 SPLIT FORK DRIVE
OLDSMAR, FL 34677

**New Mailing Address:**

8488 WEST HILLSBOROUGH AVE
TAMPA, FL 33615

**FEI Number: 56-2544450** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKEY, PATRICK E
1775 SPLIT FORK DRIVE
OLDSMAR, FL 34677 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 ( ) Delete
Name: HICKEY, PATRICK E
Address: 1775 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: P ( ) Delete
Name: FREDERICK, DEXTER M
Address: 10130 LONDONSHIRE LANE
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PATRICK HICKEY P 09/05/2006

Electronic Signature of Signing Officer or Director — Date