2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: BAY AREA MEDICAL RESOURCES INC.

Current Principal Place of Business:

10794 FLORENCE AVENUE
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

10794 FLORENCE AVENUE
THONOTOSASSA, FL 33592 US

New Mailing Address:

FEI Number: 26-3124446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, ALLISON M
10794 FLORENCE AVENUE
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

LANG, CHRISTOPHER M
10794 FLORENCE AVENUE
THONOTOSASSA, FL 33592 US

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: CHRISTOPHER M. LANG 01/07/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KIMBERLY, SKAMARYCZ
Address: 10794 FLORENCE AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: TRES
Name: KIMBERLY, SKAMARYCZ
Address: 10794 FLORENCE AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: SECT
Name: KIMBERLY, SKAMARYCZ
Address: 10794 FLORENCE AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: DIR
Name: LANG, CHRISTOPHER M
Address: 10794 FLORENCE AVENUE
City-St-Zip: THONOTOSASSA, FL 33592 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: CHRISTOPHER M. LANG PRES 01/07/2011
Electronic Signature of Signing Officer or Director Date