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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018830 (8)

1. Corporation Name

BAY AREA SURGICAL ASSISTANCE, INC.



Principal Place of Business

2626 TENTH COURT
PALM HARBOR FL 34684

Mailing Address

2626 TENTH COURT
PALM HARBOR FL 34684-3836

3. Date Incorporated or Qualified

03/11/1993

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

21 11967 108th AVE. N.

Suite, Apt. #, etc.

2a. Mailing Address

26 11967 108th AVE. N.

Suite, Apt. #, etc.

4. FEI Number

65-0412392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

23 LARGO, FL.

27 City & State

28 LARGO, FL.

24 33778

25 USA

29 33778

30 USA

9. Name and Address of Current Registered Agent

REPKA, DENNIS L
37584 U.S. HWY. 19
PALM HARBOR FL 34684-1019

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST ☐ DELETE

NAME DANIELS, TERRI
STREET ADDRESS 2626 10TH COURT
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE DP ☐ DELETE

NAME HAGAN, GAIL
STREET ADDRESS 5109 BLUE HERON DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST ☒ Change ☐ Addition

1.2 NAME DANIELS, TERRI
1.3 STREET ADDRESS 11967 108th AVE. N.
1.4 CITY-ST-ZIP LARGO, FL 33778

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-97 (813) 942-5052

CR2E034 (9/96)