

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra R. Mortham
 Secretary
 DIVISION OF CORPORATIONS

DOCUMENT # **093000018830**
 1. Corporation Name
BAY AREA SURGICAL Assistance Inc

Principal Place of Business Mailing Address
5109 BLUE HERON DRIVE
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business 5109 Blue Heron DR	26. Mailing Address 5109 BLUE HERON DR.
22. Suite, Apt #, etc.	27. Suite, Apt #, etc.
23. City & State NEW PORT RICHEY FL	28. State FLORIDA
24. Zip 34652	29. Zip 34652
25. Country USA	30. Country USA

3. Date Incorporated or Qualified **3/12/1993**

4. FEI Number **650412392**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GAIL HAGAN - PRES
5109 BLUE HERON DR
NEWPORT RICHEY FLA 34652

10. Name and Address of New Registered Agent

81 Name GAIL HAGAN - President
82 Street Address (P.O. Box Number is Not Acceptable) 5109 Blue Heron DR.
83 City New Port Richey
84 State FL
85 Zip Code 34652

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 **Gail A Hagan** President DATE **4/29/98**

12. OFFICERS AND DIRECTORS

TITLE GAIL HAGAN - PRESIDENT	<input type="checkbox"/> DELETE
NAME GAIL HAGAN	
STREET ADDRESS 5109 BLUE HERON DR	
CITY-ST-ZIP NEWPORT RICHEY FLA 34652	
TITLE TERRI K. DAVIELS	<input type="checkbox"/> DELETE
NAME TERRI K. DAVIELS	
STREET ADDRESS 112-L SHORE LAKE DR	(Vice Pres)
CITY-ST-ZIP GREENBORO NC 27455	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

100002522651
-05/14/98--01001--027
*****150.00**

14. I 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: **Gail A Hagan** DATE **4-17-98** DISTRICT **048-0787**

CR2E034 (10/97)