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Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000034565 (0)

1. Corporation Name

BAY ISLES MEDICAL ASSOCIATES, P.A.

Principal Place of Business

595 BAY ISLES RD  
SUITE 100  
LONGBOAT KEY FL 34228

Mailing Address

595 BAY ISLES ROAD  
STE 100  
LONGBOAT KEY FL 34228-3102  
US

3. Date Incorporated or Qualified  
05/13/1993

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0410994

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

9. Name and Address of Current Registered Agent

KAMM, STEVEN W.  
595 BAY ISLES ROAD  
STE 100  
LONGBOAT KEY FL 34228

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]*  
Signed, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	AVILA, J. A.	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	KAMM, STEVEN W.	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARBY, BRIAN	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRAMMER, MICHAEL	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLGATE, WILLIAM W	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLAND, REUBEN W. I	
STREET ADDRESS	1700 S TAMiami TRAIL	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kruglick B/A
1.3 STREET ADDRESS	1700 S. Tamiami Trail
1.4 CITY - ST - ZIP	Sarasota FL

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Newman, Steven
2.3 STREET ADDRESS	1700 S. Tamiami Trail
2.4 CITY - ST - ZIP	Sarasota FL

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	SCHRAMMER, MICHAEL
4.4 CITY - ST - ZIP	1700 S. TAMiami TRAIL SARASOTA, FL 34239

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

2/13/97

941-383-8843

CR2E034 (9/96)