

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000034565

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: BAY ISLES MEDICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

595 BAY ISLES RD  
SUITE 100  
LONGBOAT KEY, FL 34228

## New Principal Place of Business:

## Current Mailing Address:

595 BAY ISLES ROAD  
STE 100  
LONGBOAT KEY, FL 34228 US

## New Mailing Address:

FEI Number: 65-0410994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KRIGLICK, BRUCE M  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL

Title: T ( ) Delete  
Name: NEWMAN, STEVE M  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: GARBY, BRIAN  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: SCHREMMER, MICHAEL  
Address: 1700 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: COLGATE, WILLIAM W  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL

Title: S ( ) Delete  
Name: HOLLAND, REUBEN W. I  
Address: 1700 S TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Section 119.07(3)(i), 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: ALBERT AVILA

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date

PAMELA LETTS  
595 BAY ISLES ROAD  
LONGBOAT KEY, FLORIDA

ALBERT AVILA  
1700 SOUTH TAMiami TRAIL  
SARASOTA, FLORIDA