2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# P93000044449

Entity Name: A-BAY AREA MEDICAL CLINICS, P.A.

Current Principal Place of Business:

5039 CENTRAL AVE.
ST. PETERSBURG, FL 33710

New Principal Place of Business:

202 HANCOCK CT
SAFETY HARBOR, FL 34695

Current Mailing Address:

202 HANCOCK COURT
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 59-3211735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARACH, FERNANDO C
202 HANCOCK COURT
SAFETY HARBOR, FL 34695 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: PSTD ( ) Delete
Name: LARACH, FERNANDO C
Address: 202 HANCOCK COURT
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: FERNANDO C LARACH PSTD 01/07/2005

Electronic Signature of Signing Officer or Director Date