

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000044449

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

202 HANCOCK CT  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

202 HANCOCK COURT  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

202 HANCOCK CT  
SAFETY HARBOR, FL 34695

**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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: FERNANDO C LARACH

PSTD

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date