

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000006546 (3)**

1. Corporation Name

**BAY AREA MEDICAL EXCHANGE OF FLORIDA, INC.**

Principal Place of Business

**5999 CENTRAL AVENUE  
STE 210  
ST. PETERSBURG FL 33710  
US**

Mailing Address

**P O BOX 40750  
ST PETERSBURG FL 33743-750  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/18/1994**

4. FEI Number

**59-3273681**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BAUR, CYNTHIA J  
5999 CENTRAL AVE, 201  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3

4 City

**FL**

5 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNARD, H D JR</b>	
STREET ADDRESS	<b>5999 CENTRAL AVENUE</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33710</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUR, THOMAS F JR</b>	
STREET ADDRESS	<b>5999 CENTRAL AVE</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUR, CYNTHIA J</b>	
STREET ADDRESS	<b>5999 CENTRAL AV</b>	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 ME	
1.3 STREET ADDRESS	
1.4 Y - ST - ZIP	

2.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 ME	
2.3 STREET ADDRESS	
2.4 Y - ST - ZIP	

3.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 ME	
3.3 STREET ADDRESS	
3.4 Y - ST - ZIP	

4.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 ME	
4.3 STREET ADDRESS	
4.4 Y - ST - ZIP	

5.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 ME	
5.3 STREET ADDRESS	
5.4 Y - ST - ZIP	

6.1 E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 ME	
6.3 STREET ADDRESS	
6.4 Y - ST - ZIP	

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:

*Cynthia J Baur*

**3-25-98**

**(813)  
381-1131**

CR2E034 (10/97)