2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P94000006546

Entity Name: BAY AREA MEDICAL EXCHANGE OF FLORIDA, INC.

Current Principal Place of Business:

5999 CENTRAL AVENUE
STE 201
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 40750
ST PETERSBURG, FL 33743750 US

New Mailing Address:

PO BOX 40750
ST PETERSBURG, FL 33743750 US

FEI Number: 59-3273681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUR, CYNTHIA J
341 BAY PLAZA
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

BAUR, CYNTHIA J
341 BAY PLAZA
TREASURE ISLAND, FL 33706 US

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: CYNTHIA J BAUR 04/24/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAUR, THOMAS F JR
Address: 5999 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VD ( ) Delete
Name: BAUR, CYNTHIA J
Address: 5999 CENTRAL AV
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BAUR, CYNTHIA J
Address: 341 BAY PLAZA
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VPD (X) Change ( ) Addition
Name: BAUR, THOMAS F JR
Address: 341 BAY PLAZA
City-St-Zip: TREASURE ISLAND, FL 33706

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: CYNTHIA J BAUR PD 04/24/2004
Electronic Signature of Signing Officer or Director Date