FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91796 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006546

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

Principal Place of Business	Mailing Address
5999 CENTRAL AVENUE STE 210 ST. PETERSBURG, FL 33710 US	P O BOX 40750 ST PETERSBURG, FL 33743-750 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5999 Central Ave	POB 40750
Suite, Apt. #, etc.: STE 201	Suite, Apt. #, etc.:
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33710 Country: US	Zip: 33743-0750 Country: US

4. FEI Number: 59-3273681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUR, CYNTHIA J 5999 CENTRAL AVE, 201 ST. PETERSBURG, FL 33710	Name: BAUR, CYNTHIA J Street Address (P.O. Box Number is Not Acceptable): 341 Bay Plaza City: Treasure Island FL 33706

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cynthia J. Baur 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNARD H D JR 5999 CENTRAL AVENUE ST. PETERSBURG, FL 33710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUR, THOMAS F JR 5999 CENTRAL AVE ST. PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D BAUR, CYNTHIA J 5999 Central Ave St Petersburg, FL 33710	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUR, CYNTHIA J 5999 CENTRAL AV ST PETERSBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D BAUR, THOMAS, F JR 5999 Central Ave St Petersburg, FL 33710	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia J. Baur P-D 4-28-03 (727)-346-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CYNTHIA J. Baur