

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 3:51

DOCUMENT # **P94000025519 (7)**

1. Corporation Name

**BAY AREA BONE AND JOINT CARE, P.A.**

Principal Place of Business

Mailing Address

110 SOUTHERN OAKS DRIVE  
PLANT CITY FL

110 SOUTHERN OAKS DRIVE  
PLANT CITY FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/31/1994** 3a. Date of Last Report **NA**

4. FEI Number **59-3233852** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **33566** 25 Country **Hillsborough**

29 Zip **33566** 30 Country **Hillsborough**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKS, LEONARD H ESQ.  
201 E. KENNEDY BLVD.  
STE. 1516  
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 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 the # applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>
NAME	<b>CARPENTER, DALTON R MD</b>
STREET ADDRESS	<b>110 SOUTHERN OAKS DRIVE</b>
CITY - ST - ZIP	<b>PLANT CITY FL 33566</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
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3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(B), 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:

*Dalton R. Carpenter, MD, (President)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

(813) 752-8770