FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -7 AM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029539 (1)

1. Corporate Name
BAY COMMUNITY PEDIATRICS, P.A.

Principal Place of Business
~~701 WEST DR. MARTIN LUTHER KING JR. BLVD.
SUITE 7
TAMPA FL 33603~~

Mailing Address
~~701 WEST DR. MARTIN LUTHER KING JR. BLVD
SUITE 7
TAMPA FL 33603~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2123 W. Martin Luther King
Suite, Apt. #, etc.
22 202
City & State
23 Tampa, FL
Zip 24 33607 Country 25 USA

2a. Mailing Address
26 11010 N. Dale Mabry
Suite, Apt. #, etc.
27 203
City & State
28 Tampa, FL
Zip 29 33618 Country 30 USA

4. FEI Number: 59-3236954 ☐ 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

9. Name and Address of Current Registered Agent
CLARK, JAMES L ESQ
201 NORTH MACDILL AVE.
TAMPA FL 33609

10. Name and Address of New Registered Agent
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 607.0503 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRAUTENBERG, JOEL
STREET ADDRESS	2718 WEST PRICE ST.
CITY-ST-ZIP	TAMPA FL 33611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☑ Change ☐ Addition
12 NAME	Kiran Patel	
13 STREET ADDRESS	11010 N. Dale Mabry, Suite 203	
14 CITY-ST-ZIP	Tampa, FL 33618	

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 119.07(1)(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: [signature] 4/3/95 (813)870-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOEL TRAUTENBERG MD

0442307 FP