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 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030193 (4)**

1. Corporate Name
BAY AREA INTERNAL MEDICINE ASSOCIATES, INC.

Principal Place of Business
3102 W CYPRESS STREET
TAMPA FL 33607

Mailing Address
3102 W CYPRESS STREET
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / Suite, Apt. #, etc. 27
City & State 23 / City & State 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 59-3236356 — ☐ 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

RUTHERFORD, THOMAS S
11016 N DALE MABRY HWY SUITE 201
TAMPA FL 33618-3802

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 607.0502 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 ______ [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~AMIN, MUKUND MD~~
STREET ADDRESS	~~3611 W HILLSBOROUGH AVE~~
CITY-ST-ZIP	~~TAMPA FL 33614~~
TITLE	D
NAME	SHAH, DIPAK M MD
STREET ADDRESS	3102 W CYPRESS STREET
CITY-ST-ZIP	TAMPA FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROHIT PATEL 3102 W. CYPRESS STREET TAMPA, FL 33607	☐ Change ☑ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TULSIBHAI PIPALIA 3102 W. CYPRESS STREET TAMPA, FL 33607	☐ Change ☑ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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, Florida Statutes. I further certify that the information indicated on the 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: Tulsibhai Pipalia TULSIBHAI PIPALIA 4-3-95 813 875-3[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE