FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000030193 (4)**

1. Corporation Name

BAY AREA INTERNAL MEDICINE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3102 W CYPRESS STREET TAMPA FL 33607	3102 W CYPRESS STREET TAMPA FL 33607

3. Date Incorporated or Qualified: **04/18/1994**
3a. Date of Last Report: **04/07/1995**
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

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

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 607.1635, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	PIPAUA, TULSIBHAI		12 NAME	
STREET ADDRESS	3102 W. CYPRESS STREET		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		14 CITY ST ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SHAH, DIPAK M MD		22 NAME	
STREET ADDRESS	3102 W CYPRESS STREET		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		24 CITY ST ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	PATEL, ROHIT		32 NAME	
STREET ADDRESS	3102 W. CYPRESS STREET		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		34 CITY ST ZIP	
TITLE	Mukund Amin MD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	3102 W Cypress St.		42 NAME	
STREET ADDRESS	TAMPA, FL. 33607		43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE	J. Kankotia MD	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	3102 W. Cypress St.		52 NAME	
STREET ADDRESS	TAMPA FL 33607		53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE	Atul Shah MD	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	3102 W Cypress St.		62 NAME	
STREET ADDRESS	Tampa FL 33607		63 STREET ADDRESS	
CITY-ST-ZIP			64 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 119.07(3)(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 entry.

SIGNATURE: Dushy 3/28/96 (813)875-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)