FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400030193

1. Corporation Name

BAY AREA INTERNAL MEDICINE ASSOCIATES, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90099 007 ***150.00



		8.4.30: 8.4.d			I IBBITBOT IIB IBITL ALAIT ABITL ABITL ABITL ABITL	I IDGITSOT (10 IBIIL 8161) OFFIC SOUR BALL SOUR STATE STATE COLOR COLOR		
Principal Place	of Business	Mailing Address						
3102 W CYPRES		3102 W CYPRESS STREET						
TAMPA FL 33607		TAMPA FL 33607		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
					3 Date Incorporated or Qualifed	IO OI AOL		
					04/18/1994			
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	A	oplied For		
21		26			59-3236356	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional		
22		27		5. Certificate of Status Desired	Fee R	equired		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23				Trust Fund Contribution	Added	to Fees		
Zip Country		Zip	Zip Country		8. This corporation owes the current year to	ntangible	ļ	
24	25 29 30				Personal Property Tax.		□No	
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
			81	Name			ì	
RUTH	HERFORD, THOMAS S			0. 1	Address (D.O. Berry N. Selection Matthews of the Company			
1101	6 N DALE MABRY HWY SUITE 20	01	82	Street	Address (P.O. Box Number is Not Acceptable)		ļ.	
TAM	PA FL 33618-3802		83					
			84	City		. 85 Zip	Code	
			-	"	<u>_</u> <u>F</u>			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was autho	orized by	the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Red	istered Age	ot signature (required when reinstating) DATE			
	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
12.	T	☐ DELETE	1.1 TITLE		ABBITIONO/OFWINOLOTIC CT TO CT TO CENTER	Change	☐ Addition	
1	PIPAUA, TULSIBHAI		12 NAME				Ì	
NAME	3102 W. CYPRESS STREET			T ADDRESS			J	
STREET ADDRESS							ì	
CITY-ST-ZIP			1.4 CITY-5	1-ZIP		Change	Addition	
TITLE	<u> </u>		2.1 TITLE					
NAME	or part, but far in the		2.2 NAME]	
STREET ADDRESS	3102 W CYPRESS STREET		2.3 STREE	TADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		2. 4 CITY-ST-ZIP					
πLE	D DELETE 3.1		3.1 TITLE		}	Change	☐ Addition	
NAME	PATEL, ROHIT	,	3.2 NAME				Ī	
STREET ADDRESS	3102 W. CYPRESS STREET	ľ	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3,4, CITY-	ST-ZIP				
TITLE		☐ DELETE 4.1				☐ Change	☐ Addition	
NAME		1	4. 2 NAME				ļ	
STREET ADDRESS		1	11	TADDRESS			}	
			4.4 CITY-5					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	, <u> </u>		Change	☐ Addition	
1		<u></u>	5.2 NAME					
NAME				TADORESS			J	
STREET ADDRESS		1			1		ነ	
CITY-ST-ZIP		Closiste.	5.4 CITY-S 6.1 TITLE	51-ZIP		Change	Addition	
TITLE	•	C	i			□ Change	☐ Yaquaqu	
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE: