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 MAY -1 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079440 (1)

1. Corporation Name
BAY AREA MEDICAL GROUP, INC.

Principal Place of Business
6090 26TH STREET WEST
BRADENTON FL 34207

Mailing Address
6090 26TH STREET WEST
BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report:

4. FEI Number: 65-0527738 — 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
21 1211 8th AVE. WEST
Suite, Apt. #, etc.
22
City & State
23 BRADENTON FL
24 Zip 34205 25 Country USA

2a. Mailing Address
26 P.O. BOX 1030
Suite, Apt. #, etc.
27
City & State
28 BRADENTON FL
29 Zip 34206 30 Country USA

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	HOFFMAN, CRAIG B
STREET ADDRESS	6090 26TH ST. WEST
CITY-ST-ZIP	BRADENTON FL 34207
TITLE	DP
NAME	MUCASEY, JOHN
STREET ADDRESS	1211 GULF OF MEXICO DR., #109
CITY-ST-ZIP	LONGBOAT KEY FL 34228
TITLE	DS
NAME	COHEN, ARTHUR A
STREET ADDRESS	6090 26TH ST. WEST
CITY-ST-ZIP	BRADENTON FL 34207
TITLE	DT
NAME	AMUNDSON, MARTIN E
STREET ADDRESS	4705 26 ST. WEST
CITY-ST-ZIP	BRADENTON FL 34207
TITLE	DV
NAME	NELSON, JEFF D
STREET ADDRESS	2227 59TH ST. WEST
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	D
NAME	ACOSTA, JOSE A
STREET ADDRESS	4015 U.S. HWY. 301 NORTH
CITY-ST-ZIP	ELLENTON FL 34222

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVC	[X] Change [ ] Addition
NAME	THOMAS C. WILSON, MD	
STREET ADDRESS	2109 60th ST. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DPRES-CEO	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	[X] Change [ ] Addition
NAME		
STREET ADDRESS		
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 address.

SIGNATURE: [signature] MD - PRES. 4/27/95 813-383 8950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0337043 CP