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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000079440 (1)

1. Corporation Name
BAY AREA MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
CORPORATE OFFICE 7450 CORTEZ RD. WEST BRADENTON FL 34210 US	7450 CORTEZ RD WEST BRADENTON FL 34210-2444 US

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

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: 04/15/1996
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

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
22 LAKEVIEW AVE.
SUITE 800
WEST PALM BEACH FL 33401-6112

10. Name and Address of New Registered Agent

81 Name: Greene, Robert F.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 6th Avenue West, Suite 505
83
84 City: Bradenton FL 85 Zip Code: 34205

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 [signature] MD [signature] MD 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	MUCASEY, JOHN M.D.	
STREET ADDRESS	~~2204 HARBOUR CT. DR.~~ 3347 Sabal Cove Way	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	~~DP~~	☒ DELETE
NAME	~~MUCASEY, JOHN~~ Repeat	
STREET ADDRESS	~~1211 GULF OF MEXICO DR., #109~~	
CITY-ST-ZIP	~~LONGBOAT KEY FL 34228~~	
TITLE	S	☐ DELETE
NAME	HOFFMAN, CRAIG M.D.	
STREET ADDRESS	4705 25TH ST. WEST 4705 26th St. W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	☐ DELETE
NAME	KOSER, ROBERT M.D.	
STREET ADDRESS	2227 59TH ST. WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	~~D~~	☒ DELETE
NAME	~~SCHWARTZBAUM, LEONARD M.D.~~	
STREET ADDRESS	~~6128 SOUTH TAMIAMI TRAIL~~	
CITY-ST-ZIP	~~SARASOTA FL~~	
TITLE	D	☐ DELETE
NAME	FISHCO, ROBERT M.D.	
STREET ADDRESS	4705 25TH ST. W. 4705 26th St. W.	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME	Amundson, Martin M.D.	
1.3 STREET ADDRESS	4705 26th St. W.	
1.4 CITY-ST-ZIP	Bradenton, Fl. 34207	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Nelson, Jeff D.	
2.3 STREET ADDRESS	2227 59th St. West	
2.4 CITY-ST-ZIP	Bradenton, Fl. 34209	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Acosta, Jose A.	
3.3 STREET ADDRESS	4015 U.S. Hwy 314 N.	
3.4 CITY-ST-ZIP	Ellenton, Fl. 34222	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] MD 4-9-97 941-798-9700