

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000091868

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** MID-BAY MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

2305 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2305 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3284557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAUMONT, JORGE L  
2305 W. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CHAUMONT, JORGE L  
Address: 2305 W. DR. MARTIN LUTHER KING JR. BLVD.  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR  
Name: ABLES, BETH A  
Address: 2305 W DR MARTIN LUTHER KING JR BLVD  
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE L CHAUMONT, M.D.

DR

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date