2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037095

Entity Name: BAY AREA INTERNAL MEDICINE & GERIATRIC CARE, P.A.

FILED Mar 03, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

700 TYRONE BLVD. NORTH ST. PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

700 TYRONE BLVD. NORTH ST. PETERSBURG, FL 33710

FEI Number: 59-3314510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAY AREA 700 TYRONE BLVD ST.PETERSBURG, FL 33710 US

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.

III the State of Flori

SIGNATURE: Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: PATEL, KIRIT

Address: 700 TYRONE BLVD. NORTH City-St-Zip: ST. PETERSBURG, FL 33710

Title:

Name: SHAH, SAMIR

Address: 700 TYRONE BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D

Name: PATEL, VIJAY

Address: 700 TYRONE BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: [

Name: HEMANT, DESAI

Address: 700 TYPONE BLVD NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title:

Name: DALAL, PIYUSH Address: 700 TYRONE BLVD

City-St-Zip: SAINT PETERSBURG, FL 33710

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: KIRIT PATEL D 03/03/2012