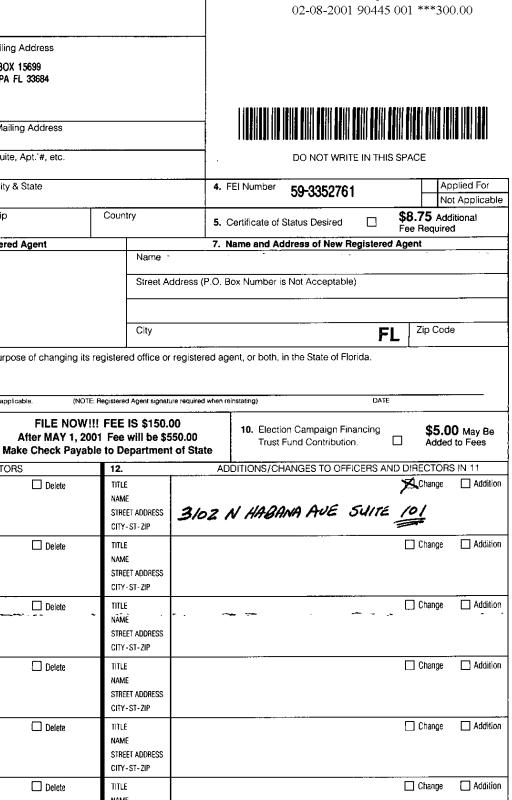
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600004592 BAY AREA MEDICAL ADJUSTORS, INC. Principal Place of Business Mailing Address 3102 N. HABANA AVE. PO BOX 15699 STE 101 TAMPA FL 33684 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 6. Name and Address of Current Registered Agent Name CRAWFORD, DARYL W. Street Address (P.O. Box Number is Not Acceptable) 3102 N HABANA AVE SUITE 101 TAMPA FL 33684 City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILED Feb 08, 2001 8:00 am Secretary of State



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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE NAME

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

9. This corporation is eligible to satisfy its Intangible

CRAWFORD, DARYL W

TAMPA FL 33607

3102 N HABANA AVE SUITE 400

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

(See criteria on back)

PSTD

11.

TITLE

NAME

TITLE

NAME

NAME

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTO