2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# P96000058178

Entity Name: ADVANCED BAY AREA MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

1700 66TH STREET NORTH
SUITE 510
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

1700 66TH STREET NORTH
SUITE 510
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3388890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVENSON, JEFFREY R
1700 66TH STREET NORTH
SUITE 510
ST. PETERSBURG, FL 33710 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: MD ( ) Delete
Name: LEVENSON, JEFFREY R
Address: 1700 66TH ST. NORTH SUITE 510
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: LEVENSON, JEFFREY R MD
Address: 1700 66TH ST. NORTH SUITE 510
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY LEVENSON PTD 02/08/2008

Electronic Signature of Signing Officer or Director — Date