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FILED
May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000086421 (0)

1. Corporation Name

BAY MEDICAL CLINIC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6560 9TH AVE N
SUITE 1
ST PETERSBURG FL 33710
US

6560 9TH AVE NORTH
SUITE 1
ST PETERSBURG FL 33710
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

59-3404577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, RICHARD O
13577 FEATHER SOUND DRIVE
SUITE 300
CLEARWATER FL 34622

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME NATH, I V S
STREET ADDRESS 5800 49TH ST N, STE 206-S
CITY-ST-ZIP ST PETERSBURG FL

TITLE V ☐ DELETE

NAME NAIR, GOVINDAN M
STREET ADDRESS 4925 9TH AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE T ☒ DELETE

NAME SCAVINO, HUGO F MD
STREET ADDRESS 6560 9TH AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P ☒ Change ☐ Addition

Campbell, M.D.
1000 Lakeview Rd, STE 3
Clearwater, FL 34616

☐ Change ☐ Addition

T ☒ Change ☐ Addition

Narayan, M.L., M.D.
1314 S Fort Harrison Ave
Clearwater, FL 34616

☐ Change ☐ Addition

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14. 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 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 registered agent 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]

[Signature]

302-9800

CR2E034 (10/97)