
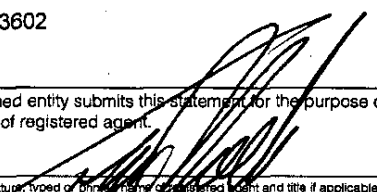
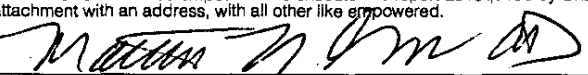


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90400 011 ***150.00

DOCUMENT # P96000101716					
1. Entity Name BAY HEART GROUP, P.A.					
Principal Place of Business 2814 W VIRGINIA AVENUE TAMPA, FL 33607 US			Mailing Address 2814 W VIRGINIA AVENUE TAMPA, FL 33607 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3416226	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: LCPRA, LLC Street Address (P.O. Box Number is Not Acceptable): One Harbour Place, 5th Floor 777 South Harbour Island Boulevard City: Tampa FL Zip Code: 33602	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4/30/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GLOVER, MATTHEW	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4209 W CULBREATH AVE	CITY-ST-ZIP TAMPA, FL 33609		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 16054 PENWOOD DR	CITY-ST-ZIP TAMPA, FL 33647		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2626 S DUNDEE BLVD	CITY-ST-ZIP TAMPA, FL 33629		NAME PRIDA, XAVIER E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4415 BAYSHORE BLVD	CITY-ST-ZIP TAMPA, FL 33611		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3304 WESTMORELAND DR	CITY-ST-ZIP TAMPA, FL 33618		NAME Goldman, Anthony P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 2/2/2004		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		