PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90114 009 ***150.00

DOCUMENT # P98000046461

1. Corporation Name

BAY ME	DICAL CLINICAL LABORATOR	RY, INC.					
Principal Place of Business \$550-NINTH AVENUE NORTH #1 ST. PETERSBURG-FL 39710 ST. PETERSBURG-FL 39710.			-#f	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE		- Company
					 Date Incorporated or Qualifed 05/22/1998 		
2. Principal Place of Business 2a. Mailing Address				1 4 9	4. FEI Number	<u> </u>	oplied For of Applicable
21 5000 Park Street N 28 5000 Park Suits, Apt. #, etc. Suits, Apt. #, etc.				let N	5, Certificate of Status Desired	\$8.75	Additional equired
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Be
231 St. Petersburg FL 2013 J. Petersbu				<u>FL</u>	Trust Fund Contribution	Added	to Fees
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$, 	This corporation owes the current Personal Property Tax.	year Intangible Yes	□No
	9. Name and Address of Current	Registered Agent	81	1	10. Name and Address of New Reg	istered Agent	
CAMPBELL, JAMES M.D.				Name			
1000 LAKEVIEW ROAD				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 3 CLEARWATER FL 33709			83				
			84	1 7	~ FL 1		i
SIGNATURE	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation Signeture, typed or printed name of registered agent a					DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12 Addition
TITLE		☐ DELETE	1.1 TITLE			Change	LI MADAKAII
NAME			1.2 NAME	Donor COD			
STREET ADDRESS	C.H.anhad			ADORESS			İ
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-21		☐ Change	Addition
NAME			22 NAME				j
STREET ADDRESS			2.3 STREE	ADDRESS			i
CITY-ST-ZIP	_		2.4 CITY-5	T-21P			
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				1
STREET ADDRESS		•	•	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	T-ZIP		Change	Addition
TIFLE	-		4.11TILE	- 1			-
NAME				ADDRESS			
STREET ADDRESS			44CITY-S				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	!	_	5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-21P			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				(
STREET ADDRESS			6.3 STREET	ADDRESS			i

6.4 CTY-ST-ZP

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

tansilik Carryley CALIRED

4/29/14

Daysma Phone #

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 5800 49th Street N, Ste. 201
 St. Petersburg, FL 33709
- Jatin Bidani, M.D.
 603-28-6598
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- 3. James Campbell, M.D. 145-34-3840 1000 Lakeview Road, Ste. 3 Clearwater, FL 34616
- 4. Christopher Davey, M.D.
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- 10. Govindan Nair, M.D.
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 Clearwater, FL 34616
- 12. M.L. Narayan, M.D.216-64-23401314 S. Fort Harrison Ave.Clearwater, FL 34616
- 13. I.V.S. Nath, M.D.445-61-11775000 Park Street N, Ste. BSt. Petersburg, FL 33709
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- 15. Hugo St. John, M.D.
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 2800 1st Ave. S
 St. Petersburg, FL 33712