

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046690

Entity Name: BAYMEADOWS PRIMARY CARE, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

9551 BAYMEADOWS RD  
STE 6  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## New Mailing Address:

9551 BAYMEADOWS RD  
STE 6  
JACKSONVILLE, FL 32256

## Current Mailing Address:

10160 WEST BISHOP LAKE ROAD  
JACKSONVILLE, FL 32256

FEI Number: 59-3516549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

IMAM, S. AWAIS  
10160 BISHOP LAKE ROAD  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

IMAM, S. AWAIS  
9551 BAYMEADOWS RD. STE 6  
JACKSONVILLE, FL 32256 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: IMAM, TALAT MD  
Address: 9551 BAYMEADOWS RD STE 5  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MTS ( ) Delete  
Name: IMAM, S. AWAIS  
Address: 10160 WEST BISHOP LAKE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete  
Name: IMAM, HUSSAIN S  
Address: 9551 BAYMEADOWS RD, #6  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition  
Name: IMAM, TALAT MD  
Address: 9551 BAYMEADOWS RD . STE 5  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MTS (X) Change ( ) Addition  
Name: IMAM, S. AWAIS  
Address: 9551 BAYMEADOWS ROAD. STE 6  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change ( ) Addition  
Name: IMAM, HUSSAIN S  
Address: 9551 BAYMEADOWS RD, STE 6  
City-St-Zip: JACKSONVILLE, FL 32256

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: S. AWAIS IMAM

MTS

04/24/2007

Electronic Signature of Signing Officer or Director

Date