

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000046690

FILED
Apr 21, 2003
Secretary of State

Entity Name: BAYMEADOWS PRIMARY CARE, INC.

Current Principal Place of Business:

9551 BAYMEADOWS RD
STE 6
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10160 WEST BISHOP LAKE ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

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:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TS (X) Change () Addition
Name: IMAM, S. AWAIS
Address: 10160 WEST BISHOP LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HUSSAIN S. IMAM

VP

04/21/2003

Electronic Signature of Signing Officer or Director

Date