

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90044 025 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V37004**

1. Corporation Name  
**BAY AREA PULMONARY CONSULTANTS, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1201 5TH AVENUE NORTH # 206 ST. PETERSBURG FL 33705	1201 5TH AVENUE NORTH # 206 ST. PETERSBURG FL 33705

3. Date Incorporated or Qualified	05/15/1992
4. FEI Number	59-3123999
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional -Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

**9. Name and Address of Current Registered Agent**

HARVEY, JOHN M. JR.  
 1201 5TH AVENUE NORTH  
 # 206  
 ST. PETERSBURG FL 33705

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JOHN M. JR.	1.2 NAME	
STREET ADDRESS	1201 5TH AVENUE NORTH, # 206	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, WARREN R M.D.	2.2 NAME	
STREET ADDRESS	1201 5TH AVENUE NORTH, # 206	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BILL	3.2 NAME	
STREET ADDRESS	1201 5TH AVE N #206	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *John M. Harris, Jr. M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (727) 822-6661  
 Date Daytime Phone #

CR2E034 (11/98)