

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V37004

FILED
Jan 20, 2003
Secretary of State

Entity Name: BAY AREA PULMONARY CONSULTANTS, P.A.

Current Principal Place of Business:

1201 5TH AVENUE NORTH
206
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1201 5TH AVENUE NORTH
206
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-3123999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, JOHN M. JR.
1201 5TH AVENUE NORTH
206
ST. PETERSBURG, FL 33705 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: D () Delete
Name: HARVEY, JOHN M. JR.,
Address: 1201 5TH AVENUE NORTH, # 206
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VP () Delete
Name: ABEL, WARREN R M.D.
Address: 1201 5TH AVENUE NORTH, # 206
City-St-Zip: ST. PETERSBURG, FL 33705

Title: S () Delete
Name: THOMAS, BILL
Address: 1201 5TH AVE N #206
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN M HARVEY, JR, MD

PRES

01/20/2003

Electronic Signature of Signing Officer or Director

_____ Date