2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2016
Secretary of State
CC9814747854

DOCUMENT# N05000007620

Entity Name: BAY AREA ASSOCIATION OF MEDICAL INSTRUMENTATION INC.

Current Principal Place of Business:

865 N VILLAGE DRIVE
205
ST PETERSBURG, FL 33716

Current Mailing Address:

865 N VILLAGE DRIVE
205
ST PETERSBURG, FL 33716 US

FEI Number: 06-1752927

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, TIMOTHY D
865 N VILLAGE DRIVE
205
ST PETERSBURG, FL 33716 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES	Title	TRES
Name	VILLAFANE, CARLOS	Name	WILLIAMS, TIM
Address	1492 SALAMANDER PLACE	Address	865 N. VILLAGE DR. # 205
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	ST PETERSBURG FL 33716
Title	REP	Title	SECRETARY
Name	PEREZ, ALBERTO	Name	CAREY, PAULA
Address	6517 SECREST CT	Address	9471 N FORREST HILLS PLACE
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33612

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY D WILLIAMS TREASURER 03/27/2016

Electronic Signature of Signing Officer/Director Detail — Date