

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31896

Entity Name: BAY AREA HEART CENTER, P.A.**Current Principal Place of Business:**1201 7TH AVE NORTH
ST. PETERSBURG, FL 33705**Current Mailing Address:**1201 7TH AVE N
ST. PETERSBURG, FL 33705 US**FEI Number:** 59-2291897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REDDY, MOHAN SMD
1201 7TH AVE NORTH
ST. PETERSBURG, FL 33705 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 VP
Name KOHL, DAVID W., MD
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title V
Name SALAZAR, M. FERNANDO MD
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title VP
Name KETHIREDDY , RAVI MD
Address 1201 7TH AVE N
City-State-Zip: ST. PETERSBURG FL 33705

Title VP
Name SHAH, SHALIN MD
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title VP
Name FINN, JOHN GMD
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title P
Name REDDY, MOHAN
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title VP
Name MOSS, BRIAN DO
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Title SECRETARY
Name SRIVASTAVA, AMIT
Address 1201 7TH AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33705

Continues on page 2

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

SIGNATURE: SANDRA COLLIER**ADMINISTRATOR****01/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	GANDHI, MALAY
Address	1201 7TH AVE NORTH
City-State-Zip:	ST. PETERSBURG FL 33705