

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31896

Entity Name: BAY AREA HEART CENTER, P.A.**Current Principal Place of Business:**5398 PARK STREET NORTH
ST. PETERSBURG, FL 33709**Current Mailing Address:**5398 PARK STREET NORTH
ST. PETERSBURG, FL 33709 US**FEI Number:** 59-2291897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REDDY, MOHAN MD
5398 PARK STREET NORTH
ST. PETERSBURG, FL 33709 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:** MOHAN REDDY, MD

01/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V
Name SALAZAR, M. FERNANDO MD
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 KETHIREDDY , RAVI MD
Address 1201 7TH AVE N
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

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

Title V
Name CODOLOSA, JOSE NICOLAS
Address 5398 PARK STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33709

Title V
Name BHATIA, VIKAS M.D.
Address 5398 PARK STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33709

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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: MOHAN REDDY

PRESIDENT

01/21/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name TAS, D.O., AMBER DR.
Address 5398 PARK STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33709

Title V
Name SKORCZEWSKI, JAMES H.
Address 5398 PARK STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33709

Title V
Name DELGADO, MIGUEL GIANNONI
Address 5398 PARK STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33709

Title VP
Name PATEL, AKASH
Address 5398 PARK STREET NORTH
City-State-Zip: ST. PETERSBURG FL 33709