

**2018 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

01/17/2018

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 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 VP  
Name SHAH, SHALIN MD  
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

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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, MD

PRESIDENT

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP  
Name TAS, AMBER DR.  
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