

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072435

Entity Name: BAY AREA HEALTHCARE, INC.

Current Principal Place of Business:

3600 1ST AVE. NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

3600 1ST AVE. NORTH
ST. PETERSBURG, FL 33713 US

FEI Number: 20-2863426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRESTON, DAVID
3600 1ST AVE. NORTH
ST. PETERSBURG, FL 33713 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: DAVID PRESTON

04/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name PRESTON, DAVID
Address 3600 1ST AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title SECRETARY, DIRECTOR
Name COLEMAN, CARRIE M.
Address 3600 1ST AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33713

Title TREASURER, DIRECTOR
Name COLEMAN, PHILLIP
Address 3600 1ST AVE. NORTH
City-State-Zip: ST. PETERSBURG FL 33713

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: CARRIE M. COLEMAN

SECRETARY

04/14/2024

Electronic Signature of Signing Officer/Director Detail

Date