

2023 FLORIDA PROFIT CORPORATION AMENDED 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

12/08/2023

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: DAVID PRESTON

PRESIDENT

12/08/2023

Electronic Signature of Signing Officer/Director Detail

Date