
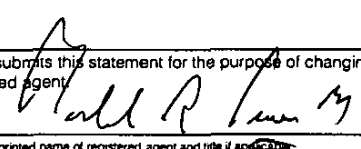
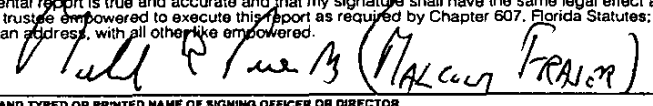


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90039 042 \*\*\*150.00

<b>DOCUMENT # V11426</b>			
1. Entity Name <b>BAY GERIATRICS, P.A.</b>			
Principal Place of Business <b>5000 SANDPIPER LANE SOUTH SAINT PETERSBURG, FL 33711</b>		Mailing Address <b>5000 SANDPIPER LANE SOUTH SAINT PETERSBURG, FL 33711</b>	
2. Principal Place of Business <b>4905 34th Street S</b>		3. Mailing Address <b>4905 34th Street S.</b>	
Suite, Apt. #, etc. <b>#610</b>		Suite, Apt. #, etc. <b>#610</b>	
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>	
Zip <b>33711</b>	Country <b>USA</b>	Zip <b>33711</b>	Country <b>USA</b>
4. FEI Number <b>65-0309446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FRASER, DR. MALCOLM 5000 SANDPIPER LANE SOUTH ST PETERSBURG, FL 33711</b>		7. Name and Address of New Registered Agent Name <b>Fraser, Dr. Malcolm</b> Street Address (P.O. Box Number is Not Acceptable) <b>4905 34th Street South, #610</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33711</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <b>1/20/06</b>	
Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTS FRASER, MALCOLM R. 5000 SANDPIPER LANE SOUTH SAINT PETERSBURG, FL 33711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTS Fraser, Malcolm R. 4905 34th Street S. St. Petersburg, FL 33711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>1/20/06</b> Daytime Phone # <b>727 560 2785</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	