

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V11426

Entity Name: BAY GERIATRICS, P.A.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4905 34TH ST S
SUITE 610
SAINT PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4905 34TH ST S
SUITE 610
SAINT PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 65-0309446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, MALCOLM DR
4905 34TH ST S,
SUITE 610
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTS () Delete
Name: FRASER, MALCOLM R.
Address: 4905 34TH ST X SUITE 610
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTS (X) Change () Addition
Name: FRASER, MALCOLM R.
Address: 4905 34TH ST S, SUITE 610
City-St-Zip: SAINT PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MALCOLM R FRASER

PRES

04/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date