

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V11426 (6)
 1. Corporation Name
BAY GERIATRICS, P.A.



Principal Place of Business 2191 9TH AVENUE NORTH SUITE 100 ST. PETERSBURG FL 33713	Mailing Address 2191 9TH AVENUE NORTH 100 ST. PETERSBURG FL 33713-7147 US
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3. Date Incorporated or Qualified 02/04/1992	5a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21 Suite Apt # etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 65-0309446	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRASER, DR. MALCOLM 2191 9TH AVENUE NORTH SUITE 100 ST. PETERSBURG FL 33713	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 500 Brightwaters Blvd., N.E. 83. 84. City St. Petersburg FL 85. Zip Code 33704
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	NAME FRASER, MALCOLM R.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2191 9TH AVENUE NORTH	CITY - ST - ZIP ST. PETERSBURG FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 500 Brightwaters Blvd., N.E.	
TITLE D	NAME FRASER, MALCOLM R.	1.4 CITY - ST - ZIP St. Petersburg, FL 33704	
STREET ADDRESS 2191 9TH AVENUE NORTH	CITY - ST - ZIP ST. PETERSBURG FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS 500 Brightwaters Blvd., N.E.	
STREET ADDRESS	CITY - ST - ZIP	2.4 CITY - ST - ZIP St. Petersburg, FL 33704	
	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	3.2 NAME MacLeod, Sandra	
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS 500 Brightwaters Blvd., N.E.	
	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP St. Petersburg, FL 33704	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)