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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
 Amended **1997**

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 **500 Brightwaters Blvd., NE**
 Suite, Apt #, etc.
 27 City & State
 28 **St. Petersburg, FL**
 Zip Country
 29 **33704** 30 **US**

3. Date Incorporated or Qualified **02/04/1992**
 3a. Date of Last Report **04/24/1997**

4. FEI Number **65-0309446**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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**

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 **MALCOLM R. FRASER, as President** (Date) **7/20/97**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FRASER, MALCOLM R.	
STREET ADDRESS	2191 9TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRASER, MALCOLM R.	
STREET ADDRESS	2191 9TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	v	<input checked="" type="checkbox"/> DELETE
NAME	MacLeod, Sandra	
STREET ADDRESS	500 Brightwaters Blvd., N.E.	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500 Brightwaters Blvd., N.E.
1.4 CITY-ST-ZIP	St. Petersburg, FL 33704
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	500 Brightwaters Blvd., N.E.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33704
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	This Annual Report is being filed to delete Sandra MacLeod.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	500092310415-6
4.4 CITY-ST-ZIP	-10/02/97-61109-001
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	*****\$5.00 *****\$5.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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(3)(i), 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; if a 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 (changed, or on an attachment) with an address.
 SIGNATURE: **MALCOLM R. FRASER** (Date) **7/20/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)