

**- 2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90196 002 \*\*\*150.00

**DOCUMENT # V11426**

1. Entity Name

**BAY GERIATRICS, P.A.**

Principal Place of Business

Mailing Address

2191 9TH AVENUE NORTH  
 SUITE 100  
 ST. PETERSBURG FL 33713

500 BRIGHTWATERS BLVD., NE  
 ST. PETERSBURG FL 33704-3714  
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

500 Brightwaters Blvd N.E.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

4. FEI Number

65-0309446

Applied For

Not Applicable

Zip

Country

Zip

Country

33704

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASER, DR. MALCOLM  
 500 BRIGHTWATERS BLVD, NE  
 ST PETERSBURG FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	FRASER, MALCOLM R.	
STREET ADDRESS	500 BRIGHTWATERS BLVD., NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, MALCOLM R.	
STREET ADDRESS	500 BRIGHTWATERS BLVD., NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)