

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 769043 (1)**  
1. Corporation Name  
**THE BAYS MEDICAL SOCIETY, INC**



Principal Place of Business Mailing Address  
**% B. PHILIP COTTON. M.D.  
634 E BUS HWY. 98  
PANAMA CITY FL 32401**

3. Date Incorporated or Qualified **06/22/1983** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 21	2a. Mailing Address: 26	4. FEI Number <b>59-1717855</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**COTTON, B. PHILLIP, M.D.  
634 E BUS HWY. 98  
PANAMA CITY FL 32401**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED CANTY, NANCY B. 615 N BONITA AVE PANAMA CITY FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILSON, TED R 740 HARRISON AVE PANAMA CITY FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Wilson, Ted R 740 Harrison Ave., Panama City, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD NICHOLS, CHARLES 2100 STATE AVENUE PANAMA CITY FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T D Nichols, Charles 2100 State Ave. Panama City, FL 32405</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STRINGER, MERLE, M.D. 2007 HARRISON AVE PANAMA CITY FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ALBIBI, RIYAD M 1936 JENKS AVE. PANAMA CITY FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>SD Joan Elzawahry, M.D. 217 E. 23rd St. #E Panama City, FL 32405</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DUNN, NEAL M 70 DOCTORS DR. PANAMA CITY FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>PD Dunn, Neal P. 70 Doctors Dr. Panama City, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*[Signature]*  
7/18/96 (904) 763-0036

CR2E037 (12/95)