

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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 04/25/1996  
4. FEI Number 59-1717855  
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

2. Principal Place of Business 2a. Mailing Address  
21 615 N. Bonita Ave. 26 P.O. Box 574  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Panama City, FL 28 Panama City, FL  
24 32401 25 Bay 29 32402 30 Bay

9. Name and Address of Current Registered Agent  
COTTON, B. PHILLIP, M.D.  
634 E BUS HWY. 98  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

TITLE	ED	<input type="checkbox"/> DELETE
NAME	CANTY, NANCY B.	
STREET ADDRESS	615 N BONITA AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, TED R.	
STREET ADDRESS	740 HARRISON AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NICHOLS, CHARLES	
STREET ADDRESS	2100 STATE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELZAWAHRY, JOAN	
STREET ADDRESS	217 E 23RD STREET #E	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALBIBI, RIYAD M	
STREET ADDRESS	1936 JENKS AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNN, NEAL M	
STREET ADDRESS	70 DOCTORS DR.	
CITY-ST-ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	Daube, Daniel C
2.4 CITY-ST-ZIP	200 Doctors Drive Panama City, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	Garner, Lynn C
5.4 CITY-ST-ZIP	645 Hwy 231 Panama City, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
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 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 Daniel C. Daube, M.D. 904/784-7722

CR2E037 (9/96)