


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

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769043 (1)**  
1. Corporation Name  
**THE BAYS MEDICAL SOCIETY, INC**



Principal Place of Business <b>615 N BONITA AVE PANAMA CITY FL 32401 US</b>	Mailing Address <b>P.O. BOX 574 PANAMA CITY FL 32402 US</b>
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3. Date Incorporated or Qualified <b>06/22/1983</b>	
4. FEI Number <b>59-1717855</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	29 Zip	30 Country

**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	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	<b>ED</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CANTY, NANCY B.</b>	
STREET ADDRESS	<b>615 N BONITA AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAUBE, DANIEL C</b>	
STREET ADDRESS	<b>200 DOCTORS DRIVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NICHOLS, CHARLES</b>	
STREET ADDRESS	<b>2100 STATE AVENUE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELZAWAHRY, JOAN</b>	
STREET ADDRESS	<b>217 E 23RD STREET #E</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARNER, LYNN C</b>	
STREET ADDRESS	<b>645 HWY 231</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNN, NEAL M</b>	
STREET ADDRESS	<b>70 DOCTORS DR.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>ED</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Schauer, Diana</b>	
1.3 STREET ADDRESS	<b>PO Box 574</b>	
1.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32408</b>	
2.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Merle Stringer</b>	
2.3 STREET ADDRESS	<b>2011 Harrison Ave</b>	
2.4 CITY-ST-ZIP	<b>Panama City FL 32405</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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 *Diana Schauer* *Diana Schauer* **3-12-98** **89-784-2090**

CFR2E037 (10/97)