

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90030 033 \*\*\*\*61.25

**DOCUMENT # 769043**  
 1. Entity Name  
**THE BAYS MEDICAL SOCIETY, INC**

Principal Place of Business      Mailing Address

**615 N BONITA AVE  
 PANAMA CITY FL 32401  
 US**      **P.O. BOX 574  
 PANAMA CITY FL 32402-0574  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**59-1717855**       Not Applicable

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

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

Name **Kamel Elzawahry**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2202 State Ave, Suite 201**  
 City **Panama City FL** Zip Code **32405**

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      DATE **1/15/00**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

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

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ED NAME SCHAUER, DIANA STREET ADDRESS P O BOX 574 CITY-ST-ZIP PANAMA CITY FL 32408	<input checked="" type="checkbox"/> Delete	TITLE D NAME Executive Director nancy Sabatini STREET ADDRESS PO Box 574 CITY-ST-ZIP Panama City FL 32402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STRINGER, MERLE STREET ADDRESS 2011 HARRISON AVE CITY-ST-ZIP PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete	TITLE P NAME President merle Stringer STREET ADDRESS 2011 Harrison Avenue CITY-ST-ZIP Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME NICHOLS, CHARLES STREET ADDRESS 2100 STATE AVENUE CITY-ST-ZIP PANAMA CITY FL 32408	<input checked="" type="checkbox"/> Delete	TITLE V NAME Vice President James Strohenger STREET ADDRESS 527 N. Palo Alto Ave CITY-ST-ZIP Panama City FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ELZAWAHRY, JOAN STREET ADDRESS 217 E 23RD STREET #E CITY-ST-ZIP PANAMA CITY FL 32408	<input checked="" type="checkbox"/> Delete	TITLE T NAME Treasurer Daniel Daube STREET ADDRESS 80 Doctors Dr. CITY-ST-ZIP Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GARNER, LYNN C STREET ADDRESS 645 HWY 231 CITY-ST-ZIP PANAMA CITY FL 32408	<input checked="" type="checkbox"/> Delete	TITLE S NAME Secretary George Tracy, M.D. STREET ADDRESS 615 N. Bonita Ave CITY-ST-ZIP Panama City FL 32401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DAUB, DANIEL STREET ADDRESS 80 DOCTORS DR CITY-ST-ZIP PANAMA CITY FL 32408	<input checked="" type="checkbox"/> Delete	TITLE C NAME Chairman/Medical Education Kamel Elzawahry MD STREET ADDRESS 2202 State Ave #201 CITY-ST-ZIP Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy Sabatini**      DATE: **1/15/00**      DAYTIME PHONE #: **(850) 784 2090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)