

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90034 040 ****61.25

DOCUMENT # 769043

1. Entity Name
THE BAYS MEDICAL SOCIETY, INC

Principal Place of Business 2402 LISENBY AVENUE PANAMA CITY FL 32405 US	Mailing Address P.O. BOX 574 PANAMA CITY FL 32402 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1717855		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ELZAWAHRY, KAMEL 2202 STATE AVE STE 201 PANAMA CITY FL 32405				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: DATE: **1/24/02**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE*	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABATINI, NANCY		NAME		
STREET ADDRESS	P O BOX 574		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32408		CITY-ST-ZIP		
TITLE*	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRINGER, MERLE		NAME		
STREET ADDRESS	2011 HARRISON AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE*	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOHMINGER, JAMES		NAME		
STREET ADDRESS	PO BOX 1770; 527 N PALA ALTO AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP		
TITLE*	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAUBE, DANIEL		NAME		
STREET ADDRESS	80 DECTORS DR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE*	CME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELZAWAHRY, KAMEL MD		NAME		
STREET ADDRESS	2202 STATE AVE #201		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
TITLE*	I	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KINSEY, STEVEN		NAME		
STREET ADDRESS	806 E. 6TH ST		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP		

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: DATE: **1/24/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)