

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90095 001 ****70.00

DOCUMENT # N11407

1. Entity Name

BAYFRONT HEALTH SYSTEM, INC.



Principal Place of Business

**C/O SUE G. BRODY
701-6TH STREET SOUTH
ST PETERSBURG FL 33701
US**

Mailing Address

**C/O SUE G. BRODY
701-6TH STREET SOUTH
ST PETERSBURG FL 33701
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2592846**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRODY, SUE G
701 SIXTH ST S
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BETZER, PETER | |
| STREET ADDRESS | 830 FIRST STREET SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | DAVIS, LARRY | |
| STREET ADDRESS | 701 6TH STREET SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ADAMS, PAYTON | |
| STREET ADDRESS | 2834 PELHAM ROAD NORTH | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33710 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BRODY, SUE G | |
| STREET ADDRESS | 701 6TH STREET SOUTH | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GORDON, MARK MD | |
| STREET ADDRESS | 601 7TH STREET SOUTH | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33701 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELLIOTT CARR | |
| STREET ADDRESS | 2800 - 59TH CIRCLE SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33712 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LARS HAFNER | |
| STREET ADDRESS | 270 - 65TH STREET NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33710 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | H. WILLIAM HELLER, Ed.D. | |
| STREET ADDRESS | 140 - 7TH AVENUE SOUTH, WMS 206 | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33701-5016 | |
| TITLE | S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM STARKEY | |
| STREET ADDRESS | 4925 WEST BAY WAY DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33629 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REV. FREDERICK TERRY | |
| STREET ADDRESS | 2857 - 58TH CIRCLE SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33712 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SYLVIA WALBOLT, ESQ. | |
| STREET ADDRESS | 200 CENTRAL AVENUE, SUITE 2300 | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33701 | |

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

SIGNATURE REQUIRED: SUE G. BRODY

03/13/03

(727) 893-6015

CR2E037 (10/02)

ATTACHMENT

10037900

BAYFRONT HEALTH SYSTEM

N11407

Bayfront Medical Center, Inc.
Bayfront Health System, Inc.
Board of Trustees
2003

(continued)

David Parrish, M.D.
(Ex officio)
Chief of Staff
Bayfront Family Health Center
701 – Sixth Street South
St. Petersburg, FL 33701

D

John Welch
534 – 31st Avenue North
St. Petersburg, FL 33704

D

Bernie Young
3651 – 42nd Avenue South
Suite C-106
St. Petersburg, FL 33711

D