


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90291 025 ****61.25

DOCUMENT # N20088
 1. Entity Name
BAYCARE HEALTH SYSTEM, INC.



Principal Place of Business
 16331 BAY VISTA DRIVE
 CLEARWATER, FL 33760 US

Mailing Address
 16331 BAY VISTA DRIVE
 CLEARWATER, FL 33760 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04152005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2796965

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MURPHY, FRANK V
 16331 BAY VISTA DRIVE
 CLEARWATER, FL 33760

7. Name and Address of New Registered Agent
 Name **INZINA, THOMAS**
 Street Address (P.O. Box Number is Not Acceptable)
16331 BAY VISTA DRIVE
 City **CLEARWATER FL** Zip Code **33760**

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	C KARL, CATHERINE 4951 W BAY WAY DR. TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTONIS, GEORGE M P.O. BOX 338 TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEAVER, RONALD 401 EAST JACKSON ST #2200 TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, FRANK 16331 BAY VISTA DRIVE CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOKOR, BRUCE 911 CHESTNUT ST CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARL, CATHERINE 4951 W BAY WAY DR. TAMPA, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PUTRINO, CARY NORTHERN TRUST BANK 100 3RD AVE S ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, RONALD 401 EAST JACKSON ST. # 2200 TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, STEPHEN 16331 BAY VISTA DRIVE CLEARWATER, FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, FLOYD SUNSHINE STATE SAVINGS & LOAN 102 W. BAKER ST. PLANT CITY, FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR