2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# P08000036605

Entity Name: BAYWAY MEDICAL CLINIC, INC.

Current Principal Place of Business:

4450 GULF BLVD., SUITE 103
ST. PETE BEACH, FL 33706

New Principal Place of Business:

5901 SUN BLVD
113
ST. PETERSBURG, FL 33715

Current Mailing Address:

4450 GULF BLVD., SUITE 103
ST. PETE BEACH, FL 33706

New Mailing Address:

5901 SUN BLVD
113
ST. PETERSBURG, FL 33715

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: COLE, JESSE A MD
Address: 401 SOUTH ALABAMA, SUITE 6B
City-St-Zip: BUTTE, MT 59701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT PLANTZ DR 01/10/2009

Electronic Signature of Signing Officer or Director — Date