2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11407

FILED Mar 05, 2010 Secretary of State

Entity Name: BAYFRONT HEALTH SYSTEM, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2592846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRODY, SUE G MS 701-6TH STREET SOUTH ST PETERSBURG, FL 33701 US

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

OFFICERS AND DIRECTORS:

Title: T

Name: PEMBLE, KATIE MS.

Address: 615 16TH AVENUE NORTH EAST City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: C

 Name:
 YOUNG, BERNADETTE MS.

 Address:
 2860 59TH CIRCLE SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33712 US

Title: VC

Name: DUPRE, STEVE MR.

Address: 200 CENTRAL AVENUE - SUITE 2300 City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: PCEO

 Name:
 BRODY, SUE G MS.

 Address:
 701 SIXTH STREET SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33701 US

Title: AT

Name: THORNTON, ROBERT W MR.
Address: 701 SIXTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUE G. BRODY PCEO 03/05/2010