

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769043

**Entity Name:** THE BAYS MEDICAL SOCIETY, INC

**Current Principal Place of Business:**

2408 LIENBY AVENUE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2408 LIENBY AVENUE  
PANAMA CITY, FL 32405 US

**FEI Number:** 59-1717855

**Certificate of Status Desired:** No

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

FLAAT, MICHELLE  
2408 LIENBY AVENUE  
PANAMA CITY, FL 32405 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

**Officer/Director Detail :**

Title EXDI  
Name FLAAT, MICHELLE  
Address 2408 LIENBY AVENUE  
City-State-Zip: PANAMA CITY FL 32405

Title P  
Name AKIN, RUSH E. M.D.  
Address 304 W. 23RD ST.  
City-State-Zip: PANAMA CITY FL 32405

Title PRESIDENT ELECT  
Name ISAAC, PHILIP A. M.D.  
Address 801 E 6TH ST.  
SUITE 205  
City-State-Zip: PANAMA CITY FL 32401

Title S  
Name JONES, NORMAN A. M.D.  
Address 2195 JENKS AVENUE  
SUITE C  
City-State-Zip: PANAMA CITY FL 32405

Title TREASURER  
Name PENNINGTON, TONI M.D.  
Address 103 E 23RD ST.  
City-State-Zip: PANAMA CITY FL 32405

*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:** MICHELLE FLAAT

EXDIR

04/19/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date