

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002115

Entity Name: BAY VISTA CLAIMS SERVICE, INC.

Current Principal Place of Business:

2985 DREW STREET
CLEARWATER, FL 33759

Current Mailing Address:

2985 DREW STREET
CLEARWATER, FL 33759 US

FEI Number: 74-3168200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC.
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759 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: SCOTT A. KIZER

03/02/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GANTNER, JOHN
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name INZINA, TOMMY
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name RATCLIFFE, LAURA M
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

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: TOMMY INZINA

DIRECTOR

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date