

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 714853 (9)**

1. Corporation Name  
**BAYFRONT MEDICAL CENTER, INC.**



Principal Place of Business: **701-6TH STREET SOUTH ST. PETERSBURG FL 33701**  
 Mailing Address: **701-6TH STREET SOUTH ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified: **06/28/1968**  
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 c/o Sue G. Brody**  
 Suite, Apt #, etc.: **701 6th Street South**  
 City & State: **St. Petersburg, FL**  
 Zip: **33701** Country: **USA**

2a. Mailing Address: **26 c/o Sue G. Brody**  
 Suite, Apt #, etc.: **701 6th Street South**  
 City & State: **St. Petersburg, FL**  
 Zip: **33701** Country: **USA**

4. FEI Number: **59-1218020**  
 Applied For:  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **BRODY, SUE G 701 6TH STREET SOUTH ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	11 TITLE	<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEINZ, DONALD J.</b>	12 NAME	
STREET ADDRESS	<b>701-6TH STREET SOUTH</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	14 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	21 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETZER, PHD PETER</b>	22 NAME	
STREET ADDRESS	<b>830 FIRST STREET SOUTH</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	24 CITY - ST - ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, PAYTON</b>	32 NAME	
STREET ADDRESS	<b>2834 PELHAM RD., N.</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	34 CITY - ST - ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, RICHARD I.</b>	42 NAME	
STREET ADDRESS	<b>3839 FOURTH STREET NORTH, SUITE 550</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	44 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRODY, SUE G</b>	52 NAME	
STREET ADDRESS	<b>701 SIXTH STREET SOUTH</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	54 CITY - ST - ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAKER, KENNETH M</b>	62 NAME	
STREET ADDRESS	<b>5101 BRITTANY DR., S.</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Donald J. Heinz** 8/7/96 (013) 893-6015  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

BAYFRONT MEDICAL CENTER, INC.  
ADDITIONAL BOARD OF DIRECTORS

D  
Gordon Campbell  
425 22nd Avenue North  
St. Petersburg, FL 33704

D  
Larry Davis, MD  
701 Sixth Street South  
St. Petersburg, FL 33701

D  
Mark Gordon, MD  
601 Seventh Street South  
St. Petersburg, FL 33701

D  
Leslie Perlstein, MD  
603 Seventh Street  
St. Petersburg, FL 33701

D  
John Welch  
P.O. Box 33020  
St. Petersburg, FL

D  
Victor Hurst, MD  
601 Seventh Street South  
St. Petersburg, FL 33701

D  
Catherine Karl  
490 First Avenue South  
St. Petersburg, FL 33701

D  
Paul Martin  
6529 Central Avenue  
St. Petersburg, FL 33710

D  
George Rahdert  
535 Central Avenue  
St. Petersburg, FL 33701

AS  
David L. Robbins  
100 N. Tampa Street  
Suite 2700  
Tampa, FL 33602

D  
Elithia Stanfield  
3769 105th Avenue  
Clearwater, FL 34622

D  
Bill Starkey  
4925 West Bay Way Drive  
Tampa, FL 33629

D  
Karen Wolchuck-Sher  
8651 Maidstone Court  
Largo, FL 34647

EVP  
James D. Krauss  
701 Sixth Street South  
St. Petersburg, FL 33701