

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

2a. Mailing Address

21 c/o Sue G. Brody

26 c/o Sue G. Brody

4. FEI Number
59-1218020

Applied For
☐ Not Applicable

**22 Suite, Apt #, etc.
701 6th Street South**

**27 Suite, Apt #, etc.
701 6th Street South**

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

**23 City & State
St. Petersburg, FL**

**28 City & State
St. Petersburg, FL**

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

**24 Zip Country
33701 USA**

**29 Zip Country
33701 USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRODY, SUE G
701 6TH STREET SOUTH
ST. PETERSBURG FL 33701**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
11 TITLE
NAME **AST**
STREET ADDRESS **HEINZ, DONALD J.**
CITY - ST - ZIP **701-6TH STREET SOUTH**
ST. PETERSBURG FL

12 NAME **Secretary/Treasurer** ☒ Change ☐ Addition

T ☐ DELETE
21 TITLE
NAME **BETZER, PHD PETER**
STREET ADDRESS **830 FIRST STREET SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE **Director** ☒ Change ☐ Addition

C ☐ DELETE
31 TITLE
NAME **ADAMS, PAYTON**
STREET ADDRESS **2834 PELHAM RD., N.**
CITY - ST - ZIP **ST PETERSBURG FL**

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

T ☒ DELETE
41 TITLE
NAME **ROBERTS, RICHARD I.**
STREET ADDRESS **3839 FOURTH STREET NORTH, SUITE 550**
CITY - ST - ZIP **ST. PETERSBURG FL**

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

P ☐ DELETE
51 TITLE
NAME **BRODY, SUE G**
STREET ADDRESS **701 SIXTH STREET SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

T ☒ DELETE
61 TITLE
NAME **BAKER, KENNETH M**
STREET ADDRESS **5101 BRITTANY DR., S.**
CITY - ST - ZIP **ST PETERSBURG FL**

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Heinz 8/7/96 (C13) 893-6015

Date

Daytime Phone

0012352

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