

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 18 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714853 (9)**

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



Principal Place of Business C/O SUE BRODY ST. PETERSBURG FL 33701 US	Mailing Address C/O SUE BRODY 701 6TH STREET SOUTH ST. PETERSBURG FL 33701 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1968</b>	3a. Date of Last Report <b>08/14/1996</b>
4. FEI Number <b>59-1218020</b>	Applied for <input type="checkbox"/> Not Appl cable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>HEINZ, DONALD J.</b>
STREET ADDRESS	<b>701-6TH STREET SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BETZER, PHD PETER</b>
STREET ADDRESS	<b>830 FIRST STREET SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>ADAMS, PAYTON</b>
STREET ADDRESS	<b>2834 PELHAM RD., N.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BRODY, SUE G</b>
STREET ADDRESS	<b>701 SIXTH STREET SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, KENNETH M</b>
STREET ADDRESS	<b>5101 BRITTANY DR., S.</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Davis, Larry</b>
1.3 STREET ADDRESS	<b>701 6th Street South</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Karl, Catherine</b>
2.3 STREET ADDRESS	<b>490 1st Avenue South</b>
2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED: \_\_\_\_\_ HEINZ 08/20/97 (813) 893-6015

CP2E037 (4/97)