

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # 714853 (9)

1. Corporation Name

BAYFRONT MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

C/O SUE BRODY
ST. PETERSBURG FL 33701
US

C/O SUE BRODY
701 6TH STREET SOUTH
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1968

3a. Date of Last Report

08/14/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Davis, Larry
1.4 CITY-ST-ZIP 701 6th Street South
St. Petersburg, FL 33701

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS Karl, Catherine
2.4 CITY-ST-ZIP 490 1st Avenue South
St. Petersburg, FL 33701

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

CR2E037 (4/97)