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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714853

1. Corporation Name

BAYFRONT MEDICAL CENTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/28/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1218020

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **C**
3.3 STREET ADDRESS **SR. GLADYS SHARKEY, OSF**
3.4 CITY-ST-ZIP **631 11TH STREET NORTH
ST. PETERSBURG, FL 33705**

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

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

TITLE **D** ☐ DELETE
NAME **DAVIS, LARRY**
STREET ADDRESS **701 6TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **D** ☐ DELETE
NAME **KARL, CATHERINE**
STREET ADDRESS **490 1ST AVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **ST**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/99

(727) 893-6698

Date

Daytime Phone #

CR2E037 (1/98)