

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714853

1. Entity Name

BAYFRONT MEDICAL CENTER, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90161 011 ****70.00

Principal Place of Business

Mailing Address

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

C/O SUE BRODY
 701 6TH STREET SOUTH
 ST. PETERSBURG FL 33701-4814
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1218020

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HEINZ, DONALD J.	
STREET ADDRESS	701-6TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETZER, PHD PETER	
STREET ADDRESS	830 FIRST STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHARKEY, GLADYS SR	
STREET ADDRESS	631 11TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRODY, SUE G	
STREET ADDRESS	701 SIXTH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LARRY	
STREET ADDRESS	701 6TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KARL, CATHERINE	
STREET ADDRESS	490 1ST AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4845 Sunset Boulevard West	
CITY-ST-ZIP	Tampa, FL 33629	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SUE G. BRODY

02/02/00

(727) 893-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #