

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0060819

**DOCUMENT # 714853**

1. Entity Name

**BAYFRONT MEDICAL CENTER, INC.**

04-03-2001 90117 036 \*\*\*\*70.00

|   |   |
|---|---|
| Principal Place of Business<br>C/O SUE BRODY<br>701 6TH STREET SOUTH<br>ST. PETERSBURG FL 33701<br>US | Mailing Address<br>C/O SUE BRODY<br>701 6TH STREET SOUTH<br>ST. PETERSBURG FL 33701<br>US |
|---|---|

**C0041515**



DO NOT WRITE IN THIS SPACE

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>59-1218020</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

|                |                               |  |
|----------------|-------------------------------|--|
| 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 checked="" type="checkbox"/> Delete |
| NAME           | <b>SHARKEY, GLADYS SR</b>     |  |
| STREET ADDRESS | <b>631 11TH STREET NORTH</b>  |  |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33705</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>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>DAVIS, LARRY</b>           |  |
| STREET ADDRESS | <b>701 6TH STREET SOUTH</b>   |  |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL</b>       |  |
| TITLE          | <b>ST</b>                     | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>KARL, CATHERINE</b>        |  |
| STREET ADDRESS | <b>4845 SUNSET BLVD W</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33629</b>         |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |   |
|----------------|---------------------------------|---|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>PAYTON ADAMS</b>             |   |
| STREET ADDRESS | <b>2834 PELHAM ROAD NORTH</b>   |   |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33710</b> |   |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>MARK GORDON, M.D.</b>        |   |
| STREET ADDRESS | <b>601 7TH STREET SOUTH</b>     |   |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33701</b> |   |
| TITLE          | <b>S/T</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>BILL STARKEY</b>             |   |
| STREET ADDRESS | <b>4925 WEST BAY WAY DRIVE</b>  |   |
| CITY-ST-ZIP    | <b>TAMPA, FL 33629</b>          |   |
| TITLE          | <b>C</b>                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                 |   |
| STREET ADDRESS |                                 |   |
| CITY-ST-ZIP    |                                 |   |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>JOHN WELCH</b>               |   |
| STREET ADDRESS | <b>3810 16TH STREET NORTH</b>   |   |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33703</b> |   |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>DAVID PARRISH, M.D.</b>      |   |
| STREET ADDRESS | <b>701 6TH STREET SOUTH</b>     |   |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33701</b> |   |

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 reports 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:** *Sue G. Brody* **SIGNATURE REQUIRED** **SUE G. BRODY** 01/19/01 (727) 893-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment Doc# 714853  
C0041515  
**BAYFRONT HEALTH SYSTEM**

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**BAYFRONT HEALTH SYSTEM, INC.  
BAYFRONT MEDICAL CENTER, INC.  
BOARD OF TRUSTEES**

*ADDITIONS TO BLOCK 11*

**Marcie Biddleman – D  
St. Petersburg, FL 33702**

**H. William Heller, Ph.D. – D  
St. Petersburg, FL 33701-5016**

**Sylvia Walbolt, Esq. – D  
St. Petersburg, FL 33731-2861**

Created by Gigi Weglarz  
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