

2001 UNIFORM BUSINESS REPORT (UBR)

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

0000919

DOCUMENT # 714853

1. Entity Name

BAYFRONT MEDICAL CENTER, INC.

04-03-2001 90117 036 *****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
 US

C0041515



DO NOT WRITE IN THIS SPACE

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **PAYTON ADAMS**
 STREET ADDRESS **2834 PELHAM ROAD NORTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **C** ☒ Delete
 NAME **SHARKEY, GLADYS SR**
 STREET ADDRESS **631 11TH STREET NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **D** ☐ Change ☒ Addition
 NAME **MARK GORDON, M.D.**
 STREET ADDRESS **601 7TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

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

TITLE **S/T** ☐ Change ☒ Addition
 NAME **BILL STARKEY**
 STREET ADDRESS **4925 WEST BAY WAY DRIVE**
 CITY-ST-ZIP **TAMPA, FL 33629**

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

TITLE **C** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☒ Delete
 NAME **KARL, CATHERINE**
 STREET ADDRESS **4845 SUNSET BLVD W**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN WELCH**
 STREET ADDRESS **3810 16TH STREET NORTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **DAVID PARRISH, M.D.**
 STREET ADDRESS **701 6TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE G. BRODY

01/19/01

(727) 893-6015

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Doc# 714853
C0041515
BAYFRONT HEALTH SYSTEM

**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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