

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714853

1. Entity Name

BAYFRONT MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

SUE BRODY
8TH STREET SOUTH
PETERSBURG FL 33701

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1218020

Applied For

Not Applicable

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

TITLE D
NAME H. WILLIAM HELLER
STREET ADDRESS 140 - 7TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701-5016 ☐ Change ☒ Addition

TITLE D
NAME ADAMS, PAYTON
STREET ADDRESS 2834 PELHAM RD N
CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Delete

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

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

TITLE D
NAME SYLVIA WALBOLT
STREET ADDRESS 200 CENTRAL AVENUE, SUITE 2300
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ Change ☒ Addition

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

TITLE D
NAME JOHN WELCH
STREET ADDRESS 534 - 31ST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33704 ☐ Change ☒ Addition

TITLE ST
NAME STARKEY, BILL
STREET ADDRESS 4925 W BAY WAY DR
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE D
NAME FREDERICK TERRY
STREET ADDRESS 2830 - 22ND AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712 ☐ Change ☒ Addition

TITLE D
NAME GORDON, MARK M.D.
STREET ADDRESS 601 7TH ST S
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SUE G. BRODY

01/28/02

(727) 893-6015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0041457

CR2E037 (9/01)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 012 *****70.00

80030838



DO NOT WRITE IN THIS SPACE