

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

0041457

DOCUMENT # 714853

1. Entity Name

BAYFRONT MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**SUE BRODY
 6TH STREET SOUTH
 PETERSBURG FL 33701**

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

80030838



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 <input type="checkbox"/> Delete
NAME	BETZER, PHD. PETER
STREET ADDRESS	830 FIRST STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> Delete
NAME	ADAMS, PAYTON
STREET ADDRESS	2834 PELHAM RD N
CITY-ST-ZIP	SAINT PETERSBURG FL 33710
TITLE	P <input type="checkbox"/> Delete
NAME	BRODY, SUE G
STREET ADDRESS	701 SIXTH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	C <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	STARKEY, BILL
STREET ADDRESS	4925 W BAY WAY DR
CITY-ST-ZIP	TAMPA FL 33629
TITLE	D <input type="checkbox"/> Delete
NAME	GORDON, MARK M.D.
STREET ADDRESS	601 7TH ST S
CITY-ST-ZIP	SAINT PETERSBURG FL 33701

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. WILLIAM HELLER
STREET ADDRESS	140 - 7TH AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701-5016
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID PARRISH, M.D.
STREET ADDRESS	701 - 6TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA WALBOLT
STREET ADDRESS	200 CENTRAL AVENUE, SUITE 2300
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WELCH
STREET ADDRESS	534 - 31ST AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK TERRY
STREET ADDRESS	2830 - 22ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E037 (9/01)