


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 039 ****70.00

DOCUMENT # 714853 1. Entity Name BAYFRONT MEDICAL CENTER, INC.					
Principal Place of Business C/O SUE BRODY 701 6TH STREET SOUTH ST. PETERSBURG, FL 33701 US			Mailing Address 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		4. FEI Number 59-1218020	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZER, PHD PETER 830 FIRST STREET SOUTH ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Director Dr. Karen Williams 666 6th Street South St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, PAYTON 2834 PELHAM RD N SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C-Chairman Dr. Bill Heller 529 1st Street South St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODY, SUE G 701 SIXTH STREET SOUTH ST. PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO-President and Chief Executive Officer	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, LARRY 701 6TH STREET SOUTH ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-Treasurer Mr. Roy Binger 300 1st Avenue South, Suite 400 St. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STARKEY, BILL 4925 W BAY WAY DR TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC-Vice Chairman Ms. Bernie Young 3651 42nd Avenue South, Suite C-106 St. Petersburg, FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, MARK M.D. 601 7TH ST S SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Sue Brody <small>Date</small>		
			(727) 893-6015 <small>Daytime Phone #</small>		

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