
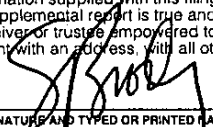


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 714853</b>					
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)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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	D <input checked="" type="checkbox"/> Delete	TITLE	D-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BETZER, PHD PETER	NAME	Dr. Karen Williams		
STREET ADDRESS	830 FIRST STREET SOUTH	STREET ADDRESS	666 6th Street South		
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	C-Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADAMS, PAYTON	NAME	Dr. Bill Heller		
STREET ADDRESS	2834 PELHAM RD N	STREET ADDRESS	529 1st Street South		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	P <input type="checkbox"/> Delete	TITLE	P/CEO-President and Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRODY, SUE G	NAME			
STREET ADDRESS	701 SIXTH STREET SOUTH	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP			
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	T-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DAVIS, LARRY	NAME	Mr. Roy Binger		
STREET ADDRESS	701 6TH STREET SOUTH	STREET ADDRESS	300 1st Avenue South, Suite 400		
CITY-ST-ZIP	ST PETERSBURG, FL	CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	VC-Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STARKEY, BILL	NAME	Ms. Bernie Young		
STREET ADDRESS	4925 W BAY WAY DR	STREET ADDRESS	3651 42nd Avenue South, Suite C-106		
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	St. Petersburg, FL 33711		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	GORDON, MARK M.D.	NAME			
STREET ADDRESS	601 7TH ST S	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	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)(f), 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.					
<b>SIGNATURE:</b> 		Sue Brody		(727) 893-6015	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50026452



02022005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1218020 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL

DATE

Make check payable to Florida Department of State

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**SIGNATURE:**  Sue Brody (727) 893-6015

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