


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 714853 1. Entity Name BAYFRONT MEDICAL CENTER, INC.	
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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
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02272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1218020	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODY, SUE G
701 6TH STREET SOUTH
ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HELLER, BILL DR 529 1ST STREET SOUTH SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BRODY, SUE G 701 SIXTH STREET SOUTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BINGER, ROY MR 300 1ST AVENUE SOUTH STE 400 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC YOUNG, BERNIE MS 3651 42ND AVENUE SOUTH STE C-106 SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000690038
04/11/07-80061-018 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, 3/9/07, 727.893.6015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #