

**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.



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**



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

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sue G. Brody, 3/9/07, 727.893.6015

Date

Daytime Phone #