

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714853

FILED
Feb 02, 2009
Secretary of State

Entity Name: BAYFRONT MEDICAL CENTER, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

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

New Mailing Address:

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

FEI Number: 59-1218020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: SUE G BRODY

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HELLER, BILL DR
Address: 535 CENTRAL AVENUE SUITE M-1
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PCEO () Delete
Name: BRODY, SUE G
Address: 701 SIXTH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL

Title: T () Delete
Name: BINGER, ROY MR
Address: 401 EAST JACKSON STREET 20TH FLOOR
City-St-Zip: TAMPA, FL 33602

Title: VC () Delete
Name: YOUNG, BERNIE MS
Address: PO BOX 530065
City-St-Zip: SAINT PETERSBURG, FL 33747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HELLER, BILL DR
Address: 535 CENTRAL AVENUE SUITE M-1
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: PCEO (X) Change () Addition
Name: BRODY, SUE G MS
Address: 701-6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: T (X) Change () Addition
Name: BINGER, ROY MR
Address: 401 EAST JACKSON STREET 20TH FLOOR
City-St-Zip: TAMPA, FL 33602 US

Title: VC (X) Change () Addition
Name: YOUNG, BERNIE MS
Address: PO BOX 530065
City-St-Zip: SAINT PETERSBURG, FL 33747 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE G BRODY

MS

02/02/2009

Electronic Signature of Signing Officer or Director

Date