

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714853

FILED  
Mar 05, 2010  
Secretary of State

Entity Name: BAYFRONT MEDICAL CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: YOUNG, BERNADETTE MS.  
Address: 2860 59TH CIRCLE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: PCEO  
Name: BRODY, SUE G MS.  
Address: 701 SIXTH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: T  
Name: PEMBLE, KATIE MS.  
Address: 615 16TH AVENUE NORTH EAST  
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: VC  
Name: DUPRE, STVE MR.  
Address: 200 CENTRAL AVENUE, SUITE 2300  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: AT  
Name: THORNTON, ROBERT W MR.  
Address: 701 SIXTH AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: SUE G. BRODY

PCEO

03/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date