

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714853

FILED
Mar 01, 2012
Secretary of State

Entity Name: BAYFRONT MEDICAL CENTER, INC.

Current Principal Place of Business:

701 SIXTH STREET SOUTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

701 SIXTH 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 SIXTH 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: P.O. BOX 530065
City-St-Zip: ST. PETERSBURG, FL 33747 US

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

Title: S/T
Name: PEMBLE, KATIE MS.
Address: 6100 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33703 US

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

Title: CFO
Name: THORNTON, ROBERT W MR.
Address: 701 SIXTH STREET 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: ROBERT W. THORNTON

CFO

03/01/2012

Electronic Signature of Signing Officer or Director

Date