

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90095 003 ****70.00

0045324

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1218020**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **BETZER, PHD PETER**
STREET ADDRESS **830 FIRST STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** Change Addition
NAME **ELLIOTT CARR**
STREET ADDRESS **2800 - 59TH CIRCLE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **D** Delete
NAME **ADAMS, PAYTON**
STREET ADDRESS **2834 PELHAM RD N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D** Change Addition
NAME **LARS HAFNER**
STREET ADDRESS **270 - 65TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **P** Delete
NAME **BRODY, SUE G**
STREET ADDRESS **701 SIXTH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** Change Addition
NAME **WILLIAM HELLER, Ed.D.**
STREET ADDRESS **140 - 7TH AVENUE SOUTH, WMS 206**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701-5016**

TITLE **C** Delete
NAME **DAVIS, LARRY**
STREET ADDRESS **701 6TH STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** Change Addition
NAME **REV. FREDERICK TERRY**
STREET ADDRESS **2857 - 58TH CIRCLE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE **ST** Delete
NAME **STARKEY, BILL**
STREET ADDRESS **4925 W BAY WAY DR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** Change Addition
NAME **SYLVIA WALBOLT, ESQ.**
STREET ADDRESS **200 CENTRAL AVENUE, SUITE 2300**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** Delete
NAME **GORDON, MARK M.D.**
STREET ADDRESS **601 7TH ST S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **D** Change Addition
NAME **BERNIE YOUNG**
STREET ADDRESS **3651 - 42ND AVENUE SOUTH, SUITE C-106**
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 677, 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
SIGNATURE REQUIRED SUE G. BRODY

02/13/03

(727) 893-6015

CR2E037 (10/02)

ATTACHMENT



B A Y F R O N T H E A L T H S Y S T E M

**Bayfront Medical Center, Inc.
Bayfront Health System, Inc.
Board of Trustees
2003**

10037898

Doc# 714853

(continued)

David Parrish, M.D.
(Ex officio)
Chief of Staff
Bayfront Family Health Center
701 – Sixth Street South
St. Petersburg, FL 33701

D

John Welch
534 – 31st Avenue North
St. Petersburg, FL 33704

D