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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # 728092 (8)

1. Corporation Name

THE BAY MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

Mailing Address

615 N. BONITA AVE.
P.O. BOX 2515
PANAMA CITY FL 32401

615 N. BONITA AVE.
P.O. BOX 2515
PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APPLEMAN, JAMES P.
600 N. MCARTHUR AVE.
PANAMA CITY FL 32401

Delete

81 Name *Tammy Henely, Director, Marketing & Public Relations*
82 Street Address (P.O. Box Number is Not Acceptable) *Bay Medical Center*
83 *615 North Bonita Ave.*
84 City *Panama City* FL 85 Zip Code *32401*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Tammy Henely

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME P
STREET ADDRESS SAN FELICE, DOROTHY
CITY - ST - ZIP 108 MARIN DR
PANAMA CITY FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS LOUISE MCCARTHY
1.4 CITY - ST - ZIP 240 HARMON AVE
PANAMA CITY FL 32401

TITLE ☐ DELETE
NAME T
STREET ADDRESS GIBSON, GLADYS
CITY - ST - ZIP 1109 LIENBY AVE
PANAMA CITY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME V
STREET ADDRESS KING, HELEN
CITY - ST - ZIP 343 N. STAR AVE.
PANAMA CITY FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME V
3.3 STREET ADDRESS RUTH WILLIAMS
3.4 CITY - ST - ZIP 304 IOWA AVE.
LYNN HAVEN, FL 32444

TITLE ☐ DELETE
NAME D
STREET ADDRESS CHAPMAN, JOE
CITY - ST - ZIP 3412 ROBINSON BAYOU CT.
PANAMA CITY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRUDMICKI, GREG
CITY - ST - ZIP 2720 TRACY LN
PANAMA CITY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME C
STREET ADDRESS COOLEY, TOMMY
CITY - ST - ZIP PO BOX 2222
PANAMA CITY FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys Gibson
GLADYS GIBSON

Date

Daytime Phone #

CR2E037 (12/95)