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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32401-3623



3. Date Incorporated or Qualified
11/20/1973

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-6001478

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAMMY HENELY, DIRECTOR
BAY MEDICAL CENTER
615 NORTH BONITA AVE
PANAMA CITY FL 32401

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME LOUISE MCCARTHY
STREET ADDRESS 240 HARMON AVE
CITY-ST-ZIP PANAMA CITY FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME GIBSON, GLADYS
STREET ADDRESS 1109 LIENBY AVE
CITY-ST-ZIP PANAMA CITY FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME RUTH WILLIAMS
STREET ADDRESS 304 IOWA AVE
CITY-ST-ZIP LYNN HAVEN FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

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

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME BRUDMICKI, GREG
STREET ADDRESS 2720 TRACY LN
CITY-ST-ZIP PANAMA CITY FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME COOLEY, TOMMY
STREET ADDRESS PO BOX 2222
CITY-ST-ZIP PANAMA CITY FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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

Tommy Cooley

CR2E037 (9/96)