

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90343 005 ****61.25

DOCUMENT # 728092

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6001478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BURGESS, FRANCES**
STREET ADDRESS **521 SOUTH BONITA AVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete
NAME **TEMPLE, VIRGINIA**
STREET ADDRESS **2002 N HARBOUR DR**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **V** ☐ Change ☐ Addition
NAME **RUBY CAMPBELL**
STREET ADDRESS **2000 W. 14th STREET**
CITY-ST-ZIP **PANAMA CITY, FL. 32401**

TITLE **D** ☐ Delete
NAME **NEUBAUER, TOM**
STREET ADDRESS **740 S. TYNDALL PKWY**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **DICK, ANNE HULL**
STREET ADDRESS **414 BUNKERSCOVE ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **C** ☐ Delete
NAME **COOLEY, TOMMY**
STREET ADDRESS **P.O. BOX 2222 N/A**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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: FRANCES BURGESS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances Burgess

4/10/02

Date

Daytime Phone #

CR2E037 (9/01)