


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90034 049 ****61.25

DOCUMENT # 728092 1. Entity Name THE BAY MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business 615 N. BONITA AVE. P.O. BOX 2515 PANAMA CITY, FL 32401			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Tammy Newton Vice President Street Address (P.O. Box Number is Not Acceptable) Bay Medical Center 615 N. Bonita Ave City Panama City, FL Zip Code 32401	
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 <u>Tammy Newton</u> 4/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURGESS, FRANCES		NAME	Sheila Hall	
STREET ADDRESS	826 BRANDEIS AVE		STREET ADDRESS	3661 Preserve Blvd.	
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP	Panama City FL 32408	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBSON, GLADYS		NAME		
STREET ADDRESS	1109 LISENEY AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, RUDY		NAME	Kathy Thornton	
STREET ADDRESS	2000 W. 14TH STREET		STREET ADDRESS	5208 Kendrick St.	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Panama City, FL 32404	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUBAUER, TOM		NAME		
STREET ADDRESS	740 S. TYNDALL PKWY		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICK, ANNE HULL		NAME	Andy Stein	
STREET ADDRESS	414 BUNKERSCOVE ROAD		STREET ADDRESS	144 Harrison Ave.	
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Panama City, FL 32401	
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOLEY, TOMMY		NAME		
STREET ADDRESS	P.O. BOX 2222 N/A		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL		CITY-ST-ZIP		
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: <u>Gladys Gibson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> GLADYS GIBSON			Date <u>04/21/04</u> Daytime Phone #		