

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 728092

FILED
Oct 15, 2009
Secretary of State

Entity Name: THE BAY MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

615 N. BONITA AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2062668 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEWTON, TAMMY
BAY MEDICAL CENTER
615 NORTH BONITA AVE
PANAMA CITY, FL 32401 US

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: TAMMY NEWTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, BETTY
Address: 6426 STONEY PT RD
City-St-Zip: PANAMA CITY, FL 32404

Title: T () Delete
Name: GIBSON, GLADYS
Address: 3516 ROSEWOOD CIRCLE
City-St-Zip: LYNN HAVE, FL 32444

Title: VP () Delete
Name: BAYLIS, JANET
Address: 2508 BREEZY LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: BRUDNICKI, GREG
Address: 2403 HARRISON AV E
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: MIDDLEMES, JOHN ROBERT
Address: 718 BUNKERS COVE RD.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: WARREN, FRIEDA
Address: 6313 LITTLE DIRT RD
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THORNTON, KATHY
Address: 5208 KENDRICK STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY WILSON

P

10/15/2009

Electronic Signature of Signing Officer or Director

Date