

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728092

FILED
Feb 15, 2010
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KING, BOB
Address: 201 S. KIMBRELL AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: T
Name: WILSON, BETTY
Address: 6426 STONEY PT RD
City-St-Zip: PANAMA CITY, FL 32404

Title: VP
Name: EASLEY, ROBERTA
Address: 1600 MARINA BAY #803
City-St-Zip: PANAMA CITY, FL 32409

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BETTY WILSON

T

02/15/2010

Electronic Signature of Signing Officer or Director

Date