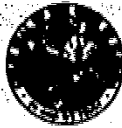


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

5 MAY -1 PM 9:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 758405 (5)

1. Corporation Name

FOUNDATION OF BAY MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**EXECUTIVE DIRECTOR
615 NORTH BONITA AVENUE
PANAMA CITY FL 32401**

**EXECUTIVE DIRECTOR
615 NORTH BONITA AVENUE
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1981

3a. Date of Last Report

03/16/1994

4. FEI Number

59-2130556

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, JOHN
615 NORTH BONITA AVE
PANAMA CITY FL 32401**

81 Name

WOLFF, RONALD V.

82

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

615 NORTH BONITA AVENUE

83

84

City

PANAMA CITY

FL

85 Zip Code

32401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CAMPBELL, SUE
STREET ADDRESS	3107 W. 60TH COURT
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DP
NAME	SCOTT, COREY
STREET ADDRESS	1101 W. NINTH STREET
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DV
NAME	HANES, KAREN
STREET ADDRESS	501 W. 11TH STREET
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DS
NAME	STRINGER, DOTTIE
STREET ADDRESS	2139 BRIARWOOD CIRCLE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DT
NAME	MIDDLEMAS, JOHN ROBERT
STREET ADDRESS	715 BUNKERS COVE RD.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D
NAME	SHARP, TAMMY
STREET ADDRESS	201 NANCY AVENUE
CITY-ST-ZIP	PANAMA CITY BCH. FL

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	HANES, KAREN	
1.3 STREET ADDRESS	501 W. 11TH STREET	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
2.1 TITLE	DP	☒ Change ☐ Addition
2.2 NAME	STRINGER, DOTTIE	
2.3 STREET ADDRESS	2139 BRIARWOOD CIRCLE	
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
3.1 TITLE	DV	☒ Change ☐ Addition
3.2 NAME	MIDDLEMAS, JOHN ROBERT	
3.3 STREET ADDRESS	715 BUNKERS COVE ROAD	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
4.1 TITLE	DS	☒ Change ☒ Addition
4.2 NAME	STEIN, ANDREW	
4.3 STREET ADDRESS	144 HARRISON AVENUE	
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
5.1 TITLE	DT	☒ Change ☒ Addition
5.2 NAME	SWENK, ROBERT	
5.3 STREET ADDRESS	1002 ARTHUR AVENUE.	
5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

4-24-95

Date

(904) 747-6981

Daytime Phone #