FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAYLOR, JOHN
615 NORTH BONITA AVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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] 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	CAMPBELL, SUE	1.2 NAME	HANES, KAREN	
STREET ADDRESS	3107 W. 10TH COURT	1.3 STREET ADDRESS	501 W. 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	DP	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	SCOTT, CAREY	2.2 NAME	STRINGER, DOTTIE	
STREET ADDRESS	1101 W. NINTH STREET	2.3 STREET ADDRESS	2139 BRIARWOOD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	DV	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	HANES, KAREN	3.2 NAME	MIDDLEMAS, JOHN ROBERT	
STREET ADDRESS	501 W. 11TH STREET	3.3 STREET ADDRESS	715 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	DS	4.1 TITLE	DS	☒ Change ☒ Addition
NAME	STRINGER, DOTTIE	4.2 NAME	STEIN, ANDREW	
STREET ADDRESS	2139 BRIARWOOD CIRCLE	4.3 STREET ADDRESS	144 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	DT	5.1 TITLE	DT	☒ Change ☒ Addition
NAME	MIDDLEMAS, JOHN ROBERT	5.2 NAME	SWENK, ROBERT	
STREET ADDRESS	715 BUNKERS COVE RD.	5.3 STREET ADDRESS	1002 ARTHUR AVENUE.	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, TAMMY	6.2 NAME		
STREET ADDRESS	201 NANCY AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL	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 119.07(3)(i), 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] 4-24-95 (904) 747-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098407