

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified 05/19/1981 3a. Date of Last Report 05/01/1995  
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  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent

WOLFF, RONALD V.  
615 NORTH BONITA AVENUE  
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANES, KAREN	1.2 NAME	000001893930
STREET ADDRESS	501 W. 11TH STREET	1.3 STREET ADDRESS	-07/16/96--01023--030
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	***61.25
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGER, DOTTIE	2.2 NAME	
STREET ADDRESS	2139 BRIARWOOD CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEMAS, JOHN ROBERT	3.2 NAME	DP Middlemas, John Robert
STREET ADDRESS	715 BUNKERS COVE RD	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ANDREW	4.2 NAME	OV Stein, Andrew
STREET ADDRESS	144 HARRISON AVE	4.3 STREET ADDRESS	144 Harrison Ave.
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	DT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWENK, ROBERT	5.2 NAME	DS Swenk, Robert
STREET ADDRESS	1002 ARTHUR AVE	5.3 STREET ADDRESS	Bay Point 27191
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama City, FL 32411
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, TAMMY	6.2 NAME	DT Donna Ferguson
STREET ADDRESS	201 NANCY AVENUE	6.3 STREET ADDRESS	2359 Foxworth Drive
CITY-ST-ZIP	PANAMA CITY BCH. FL	6.4 CITY-ST-ZIP	Panama City, FL 32405

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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-747-6676

CR2E037 (3/96)