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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90007 039 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 758405**

1. Corporation Name

**FOUNDATION OF BAY MEDICAL CENTER, INC.**

Principal Place of Business

EXECUTIVE DIRECTOR  
615 NORTH BONITA AVENUE  
PANAMA CITY FL 32401

Mailing Address

EXECUTIVE DIRECTOR  
615 NORTH BONITA AVENUE  
PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/19/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2130556

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 DT  
NAME COOK, JAN  
STREET ADDRESS 818 DEGAMA AVE  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DS  
SKINNER, FLOYD  
2211 Thomas Drive  
Panama City Beach, FL 32407

☐ Change ☒ Addition

TITLE DS  
NAME GRAMLING, CHARLEY  
STREET ADDRESS 2703 JENKS AVE  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

DP  
GRAMLING, CHARLEY  
2703 Jenks Ave.  
Panama City, FL 32405

☒ Change ☐ Addition

TITLE DP  
NAME MIDDLEMAS, JOHN ROBERT  
STREET ADDRESS 715 BUNKERS COVE RD  
CITY-ST-ZIP PANAMA CITY FL 32401

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP  
NAME STEIN, ANDREW  
STREET ADDRESS 144 HARRISON AVE  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV  
NAME SWENK, ROBERT  
STREET ADDRESS BAY POINT 27191  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HENELY, TAMMY  
STREET ADDRESS 201 NANCY AVENUE  
CITY-ST-ZIP PANAMA CITY BCH. FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)