

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758405

FILED  
Mar 17, 2008  
Secretary of State

**Entity Name:** FOUNDATION OF BAY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

EXECUTIVE DIRECTOR  
615 NORTH BONITA AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

EXECUTIVE DIRECTOR  
615 NORTH BONITA AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-2130556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, STEVEN M  
615 NORTH BONITA AVENUE  
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: DT ( ) Delete  
Name: CHAPMAN, PAMM  
Address: 2520 WEST 33RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: DP ( ) Delete  
Name: NEUBAUER, THOMAS S  
Address: 608 SHORELINE DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

Title: DV ( ) Delete  
Name: DICK, ANNE  
Address: 414 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: DS ( ) Delete  
Name: BEASLEY, KERRIE  
Address: 2859 TUPELO DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: NEWTON, TAMMY  
Address: 201 NANCY AVENUE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: CHAPMAN, PAMM  
Address: 2520 WEST 33RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: DV (X) Change ( ) Addition  
Name: STEIN, ANDREW W  
Address: 3315 HARBOUR PLACE  
City-St-Zip: PANAMA CITY, FL 32405

Title: DP (X) Change ( ) Addition  
Name: DICK, ANNE  
Address: 414 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: DT (X) Change ( ) Addition  
Name: BEASLEY, KERRIE  
Address: 2859 TUPELO DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change ( ) Addition  
Name: NEWTON, TAMMY  
Address: 312 COVE GARDEN CIRCLE  
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN THOMASON

D

03/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date