

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758405

FILED
Mar 29, 2010
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: DS
Name: CHAPMAN, PAMM
Address: 2520 WEST 33RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: DP
Name: HOLLINGSWORTH, HARVEY D
Address: 308 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

Title: DV
Name: COOK, JAMES T III
Address: 504 CHERRY STREET
City-St-Zip: PANAMA CITY, FL 32401

Title: DT
Name: GRIFFITTS, PHILIP JR
Address: 20723 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

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

I hereby 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 all other like empowered.

SIGNATURE: TAMMY NEWTON

D

03/29/2010

Electronic Signature of Signing Officer or Director

Date