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 APR 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769043 (1)

1. Corporation Name
THE BAYS MEDICAL SOCIETY, INC

Principal Place of Business	Mailing Address
% B. PHILIP COTTON, M.D. 634 E BUS HWY. 98 PANAMA CITY FL 32401	% B. PHILIP COTTON, M.D. 634 E BUS HWY. 98 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1983
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1717855 ☐ 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

COTTON, B. PHILLIP, M.D.
634 E BUS HWY. 98
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	1.1 TITLE		☐ Change ☐ Addition
NAME	CANTY, NANCY B.	1.2 NAME		
STREET ADDRESS	615 N BONITA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILSON, TED R	2.2 NAME		
STREET ADDRESS	740 HARRISON AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ELZAWAHRY, JOAN M	3.2 NAME	Charles Nichols, M.D.	
STREET ADDRESS	217 E 23RD ST	3.3 STREET ADDRESS	2100 State Avenue	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	STRINGER, MERLE, M.D.	4.2 NAME		
STREET ADDRESS	2007 HARRISON AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	OENBRINK, JAMES M	5.2 NAME	Riyad Albibi, M.D.	
STREET ADDRESS	742 HARRISON AVE.	5.3 STREET ADDRESS	1936 Jenks Ave.	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	D	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	ELZAWAHRY, KAMEL M.D.	6.2 NAME	Neal Dunn, M.D.	
STREET ADDRESS	748 HARRISON AVE	6.3 STREET ADDRESS	70 Doctors Dr.	
CITY-ST-ZIP	PANAMA CITY 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 added by attachment with an address.

SIGNATURE: B.P. Cotton 4-12-95 904-769-0278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Nancy B. Canty 4-20-95 904/747-6939