

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 769043

FILED
Jan 02, 2007
Secretary of State

Entity Name: THE BAYS MEDICAL SOCIETY, INC

Current Principal Place of Business:

2402 LISEBY AVENUE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 574
PANAMA CITY, FL 32402 US

New Mailing Address:

FEI Number: 59-1717855 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ELZAWAHRY, KAMEL
2202 STATE AVE STE 201
PANAMA CITY, FL 32405 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: KAMEL ELZAWAHRY, M.D.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: SABATINI, NANCY
Address: P O BOX 574
City-St-Zip: PANAMA CITY, FL 32408

Title: PD () Delete
Name: KINSEY, STEVE MD
Address: 806 E. 6TH ST.
City-St-Zip: PANAMA CITY, FL 32401

Title: PEVP () Delete
Name: WILLIAMS, DEBRA MD
Address: 449 W. 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: BONE, WILLIAM D MD
Address: 801 E. 6TH STREET, SUITE 604
City-St-Zip: PANAMA CITY, FL 32401

Title: CME () Delete
Name: ELZAWAHRY, KAMEL MD
Address: 2202 STATE AVE #201
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: WILSON, RICHARD MD
Address: 740 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY SABATINI

ED

01/02/2007

Electronic Signature of Signing Officer or Director

Date