

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769043

FILED
Mar 25, 2009
Secretary of State

Entity Name: THE BAYS MEDICAL SOCIETY, INC

Current Principal Place of Business:

2402 LIENBY AVENUE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 574
PANAMA CITY, FL 324020574 US

New Mailing Address:

FEI Number: 59-1717855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, MICHAEL W M.D.
2202 STATE AVE, SUITE 311-B
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

CASPARY, HANS E M.D.
724 W 19TH STREET
PANAMA CITY, FL 32405 US

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: HANS E CASPARY, MD

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXDI () Delete
Name: WELLS, JANICE M
Address: 2402 LIENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: PRES () Delete
Name: TAYLOR, MICHAEL W MD
Address: 2202 STATE AVENUE, SUITE 311-B
City-St-Zip: PANAMA CITY, FL 32405

Title: PAPR () Delete
Name: KHARE, GEETA MD
Address: 2687 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: PREL () Delete
Name: CASPARY, HANS MD
Address: 724 W. 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: SECR () Delete
Name: DERUITER, JAMES W MD
Address: 2202 STATE AVE, SUITE 311
City-St-Zip: PANAMA CITY, FL 32405

Title: TREA (X) Delete
Name: EISENBROWN, NICOLE MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EXDI (X) Change () Addition
Name: FLAAT, MICHELLE
Address: 2402 LIENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: PRES (X) Change () Addition
Name: CASPARY, HANS E MD
Address: 724 W 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: PREL (X) Change () Addition
Name: RAMOS, CARLOS E MD
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: SECT (X) Change () Addition
Name: WARD, JON R MD
Address: 2420 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: TREA (X) Change () Addition
Name: COOK, JAMES T III, MD
Address: 504 CHERRY ST
City-St-Zip: PANAMA CITY, FL 32401

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

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: MICHELLE FLAAT

EXDI

03/25/2009

Electronic Signature of Signing Officer or Director

Date