2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769043

FILED Mar 18, 2010 Secretary of State

Entity Name: THE BAYS MEDICAL SOCIETY, INC

Current Principal Place of Business: New Principal Place of Business:

2402 LISENBY AVENUE

PANAMA CITY, FL 32405 US

Current Mailing Address: New Mailing Address:

P.O. BOX 574 2402 LISENBY AVENUE

PANAMA CITY, FL 324020574 US PANAMA CITY, FL 32405 US

FEI Number: 59-1717855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CASPARY, HANS E M.D.
724 W 19TH STREET
PANAMA CITY, FL 32405 US
WARD, JON M.D.
2505 HARRISON AVEN
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: JON WARD, MD 03/18/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: EXDI

Name: FLAAT, MICHELLE
Address: 2402 LISENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: PRES

Name: WARD, JON MD
Address: 2505 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: PREL

Name: MAKKI, ACHRAF MD Address: 2202 STATE AVENUE City-St-Zip: PANAMA CITY, FL 32405

Title: SECT

 Name:
 LOGUE, LLOYD MD

 Address:
 527 N. PALO ALTO AVENUE

 City-St-Zip:
 PANAMA CITY, FL 32401

Title: TREA

 Name:
 COOK, JAMES T III, MD

 Address:
 504 CHERRY ST

 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: MICHELLE FLAAT EXDI 03/18/2010