

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769043

FILED
Mar 31, 2011
Secretary of State

Entity Name: THE BAYS MEDICAL SOCIETY, INC

Current Principal Place of Business:

2402 LISENBY AVENUE
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

2402 LISENBY AVENUE
PANAMA CITY, FL 32405 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:

WARD, JON M.D.
2505 HARRISON AVENUE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

MAKKI, ACHRAF M.D.
402 LANDINGS DRIVE
LYNN HAVEN, FL 32444 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: ACHRAF MAKKI, M.D.

03/31/2011

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: MAKKI, ACHRAF MD
Address: 402 LANDINGS DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: PREL
Name: WOLF, SAM MD
Address: 2250 JENKS 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: ISAAC, PHILIP A M.D.
Address: 1710 W. BEACH DRIVE
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

03/31/2011

Electronic Signature of Signing Officer or Director

Date