

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90163 016 \*\*\*\*61.25

**DOCUMENT # 769043**

1. Entity Name

**THE BAYS MEDICAL SOCIETY, INC**



Principal Place of Business

**2402 LIENBY AVENUE  
PANAMA CITY FL 32405  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1717855**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ELZAWAHRY, KAMEL  
2202 STATE AVE STE 201  
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>SABATINI, NANCY</b>	
STREET ADDRESS	<b>P O BOX 574</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32408</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STRINGER, MERLE</b>	
STREET ADDRESS	<b>2011 HARRISON AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STOHMINGER, JAMES</b>	
STREET ADDRESS	<b>PO BOX 1770; 527 N PALA ALTO AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAUBE, DANIEL</b>	
STREET ADDRESS	<b>80 DECTORS DR</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>CME</b>	<input type="checkbox"/> Delete
NAME	<b>ELZAWAHRY, KAMEL MD</b>	
STREET ADDRESS	<b>2202 STATE AVE #201</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KINSEY, STEVEN</b>	
STREET ADDRESS	<b>806 E. 6TH ST</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steve Kinsey, MD</b>	
STREET ADDRESS	<b>806 E. 6th St.</b>	
CITY-ST-ZIP	<b>Panama City FL 32401</b>	
TITLE	<b>President elect or vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Debra Williams, MD</b>	
STREET ADDRESS	<b>449 W. 23rd Street</b>	
CITY-ST-ZIP	<b>Panama City FL 32405</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William D. Bone, MD</b>	
STREET ADDRESS	<b>801 E. 6th Street, Suite 604</b>	
CITY-ST-ZIP	<b>Panama City FL 32401</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Wilson, MD</b>	
STREET ADDRESS	<b>740 Harrison Avenue</b>	
CITY-ST-ZIP	<b>Panama City FL 32405</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

(850)7842090

CR2E037 (10/02)