

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J62441** (7)

1. Corporation Name  
**BAY MEDICAL ANESTHESIOLOGISTS, INC.**



Principal Place of Business <b>801 E. 6TH STREET SUITE 205-A PANAMA CITY FL 32401</b>	Mailing Address <b>801 E. 6TH STREET SUITE 205-A PANAMA CITY FL 32401-3652</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/13/1987</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>59-2955238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GOODING, JOHN M. 801 E. 6TH STREET SUITE 205-A PANAMA CITY FL 32401</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>GOODING, JOHN M.</b>	
STREET ADDRESS <b>801 E. 6TH STREET, #205A</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>DALY, JOHN W</b>	
STREET ADDRESS <b>801 E 6TH ST 205A</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME <b>Brian K. Kradel, M.D.</b>	
13 STREET ADDRESS <b>801 East 6th Street, Suite 205A</b>	
14 CITY-ST-ZIP <b>Panama City, FL 32401</b>	
21 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME <b>John M. Gooding, D.O.</b>	
23 STREET ADDRESS <b>801 East 6th Street, Suite 205A</b>	
24 CITY-ST-ZIP <b>Panama City, FL 32401</b>	
31 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME <b>John W. Daly, D.O.</b>	
33 STREET ADDRESS <b>801 East 6th Street, Suite 205A</b>	
34 CITY-ST-ZIP <b>Panama City, FL 32401</b>	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **REQUIRED** 4/14/97 904-785-3185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Brian K. Kradel, M.D.

CR2E034 (9/96)