

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90209 009 ***150.00

DOCUMENT # K16449

1. Entity Name

BAY WALK-IN CLINIC, INC.

Principal Place of Business

**4412 DELWOOD LN
 PANAMA CITY BEACH FL 32408**

Mailing Address

**4412 DELWOOD LN
 PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

204 A Ellen Lane
 Suite, Apt. #, etc.

3. Mailing Address

204 A Ellen Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

4. FEI Number **59-2861283**

Applied For
 Not Applicable

Zip

Country

32408-5830

Zip

Country

32408-5830

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WAKSTEIN, GARY
 4412 DELWOOD LANE
 PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name

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

204 A Ellen Lane

City

Panama City Beach

Zip Code

32408-5830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WAKSTEIN, GARY	
STREET ADDRESS	4412 DELWOOD LANE	
CITY- ST- ZIP	PANAMA CITY BCH FL	
TITLE	D	☐ Delete
NAME	HUTTO, BILL	
STREET ADDRESS	620 MCKENZIE AVE	
CITY- ST- ZIP	PANAMA CITY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	204 A Ellen Lane	
CITY- ST- ZIP	Panama City Beach, FL 32408-5830	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

DATE

Daytime Phone #

CR2E034 (10/00)