


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # K16449			
1. Entity Name BAY WALK-IN CLINIC, INC.			
Principal Place of Business 2306 HIGHWAY 77 PANAMA CITY, FL 32405	Mailing Address 2306 HIGHWAY 77 PANAMA CITY, FL 32405		
DO NOT WRITE IN THIS SPACE			
		01152007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2861283	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STONE, SHERRY 106 S. 25TH STREET MEXICO BEACH, FL 32456		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000616866 02/02/07-80048-012 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONE, SHERRY 106 S. 25TH ST MEXICO BEACH, FL 32456		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Sherry P. Stone</i> 1/30/7		Date _____ Daytime Phone # _____	