

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90089 043 ****61.25

DOCUMENT # N05522

1. Entity Name

**THE BAY POINT ANTERIOR SEGMENT SYMPOSIUM,
INC.**



Principal Place of Business

Mailing Address

HARBOR VILLAS 4237 BAY POINT RD.
PO BOX 28389 BAY POINT
PANAMA CITY BEACH FL 32411

HARBOR VILLAS 4237 BAY POINT RD.
PO BOX 28389 BAY POINT
PANAMA CITY BEACH FL 32411



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2480516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINARI, DR. JOSEPH F.
10010 MIDDLE BEACH ROAD
PANAMA CITY BEACH FL 32407

Name

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

City

FL

Zip Code

32411

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

Dr. Joseph F. Molinari

Dr. Joseph F. Molinari

10 Feb 06

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
Due By May 1, 2006

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 ☐ Delete
NAME **D**
STREET ADDRESS **ROWEY, JOSEPH**
CITY - ST - ZIP **148 SOCIAL ST.**
WOORECKET RI 02895

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHANG, FREDDY W**
CITY - ST - ZIP **351 E TEMPLE ST**
LOS ANGELES CA 93012

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1245 MADISON AVENUE**
CITY - ST - ZIP **MEMPHIS, TN 38104**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARSAESS, DONNA M**
CITY - ST - ZIP **29 PINERIDGE RD**
OXFORD MA 01540

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Freddy W. Chang

Freddy W. Chang, O.D., Ph.D.

6/7/06 (901)722-3252