2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# N06000005515

Entity Name: BAY MEDICAL AT THE BEACH, INC.

Current Principal Place of Business:

615 NORTH BONITA AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

615 NORTH BONITA AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-5196252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, STEVEN M
615 NORTH BONITA AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKINNER, FLOYD D
Address: 2023 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete
Name: WALKER, RICHARD F
Address: 504 N. MACARTHUR AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: WARREN, FREIDA
Address: 6313 LITTLE DIRT ROAD
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS BROOKS VP 05/28/2009
Electronic Signature of Signing Officer or Director — Date