## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N93000005124

Entity Name: BAYCARES, INCORPORATED

FILED Oct 05, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 597 W 11TH ST PANAMA CITY, FL 32401 **Current Mailing Address: New Mailing Address:** 597 W 11TH ST PANAMA CITY, FL 32401 FEI Number: 59-3155410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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: Name and Address of New Registered Agent: DUKE, GEORGE 597 W 11TH STREET US PANAMA CITY, FL 32401 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: DUKE GEORGE Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BONE, WM. BONE Name: Name: 2579 HUNTCLIFF LN Address: Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: () Change () Addition KAMEL, ELZAWAHRY Name: Name: Address: 2202 STATE AVE SUITE #201 Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: () Change () Addition BRUCE, WILLIAM G Name: Name: 520 N MAC ARTHUR AVE Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition APPLEGATE, STACY Name: Name: KHARE, GHEETA Address: 615 N. BONITA Address: 2687 JENKS AVE City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32405 Title: ( ) Delete Title: () Change () Addition TONOS, ANTHONY DR Name: Name: 597 W 11TH STREET Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SUNDRAM, FRANK DUNN, NEAL Name: Name: Address: 5230 W. HWY. 98 Address: 80 DOCTORS DRIVE PANAMA CITY, FL 32401 PANAMA CITY, FL 32405 City-St-Zip: 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: DUKE GEORGE CO 10/05/2007