2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005124

Entity Name: BAYCARES, INCORPORATED

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

597 W 11TH ST 597 W. 11TH ST

PANAMA CITY, FL 32401 PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

597 W 11TH ST PO BOX 181

PANAMA CITY, FL 32401 PANAMA CITY, FL 32401

FEI Number: 59-3155410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUKE, GEORGE 597 W 11TH STREET

PANAMA CITY, FL 32401 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Delete

TAYLOR, MICHAEL Name: 2202 STATE SUITE 311B Address: City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete KAMEL, ELZAWAHRY Name: Address: 2202 STATE AVE SUITE #201 City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete BONE, WM DALE Name: 2579 HUNTCLIFF LANE Address: City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete Name: KHARE, GHEETA Address: 2687 JENKS AVE

City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete TONOS, ANTHONY DR Name: 597 W 11TH STREET Address: City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete DUNN NEAL Name: Address: 80 DOCTORS DRIVE PANAMA CITY, FL 32405 City-St-Zip:

(X) Change () Addition

CASPARY, HANS DR. Name: Address: 724 W. 23RD STREET City-St-Zip: PANAMA CITY, FL 32405

Title: (X) Change () Addition Name: KAMEL, ELZAWAHRY DR. Address: 2202 STATE AVE SUITE #201 City-St-Zip: PANAMA CITY, FL 32405

Title: (X) Change () Addition

MAKKI, ACHRAF DR. Name:

2202 STATE AVENUE; SUITE 201 Address: City-St-Zip: PANAMA CITY, FL 32405

Title: (X) Change () Addition

KHARE GHEETA DR. Name: Address: 2687 JENKS AVE City-St-Zip: PANAMA CITY, FL 32405

Title: (X) Change () Addition DUNN, NEAL DR Name:

80 DOCTORS DRIVE Address: City-St-Zip: PANAMA CITY, FL 32405

Title: (X) Change () Addition

TAYLOR, MICHAEL DR. Name: Address: 2202 STATE; SUITE 311 B PANAMA CITY, FL 32405 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 COD 04/16/2009