2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2010
Secretary of State

DOCUMENT# N93000005124

Entity Name: BAYCARES, INCORPORATED

Current Principal Place of Business:

597 W. 11TH ST
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 181
PANAMA CITY, FL 32401

New Mailing Address:

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

Name and Address of Current Registered Agent:

DUKE, GEORGE
597 W 11TH STREET
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: VP
Name: WARD, JON DR.
Address: 2505 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: P
Name: DUNN, NEAL DR.
Address: 80 DOCTORS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: MAKKI, ACHRAF DR.
Address: 2202 STATE AVENUE; SUITE 201
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D
Name: ELZAWAHRY, KAMEL DR
Address: 2202 STATE AVE; SUITE 201
City-St-Zip: PANAMA CITY, FL 32405

Title: D
Name: MAKKI, ACHRAF DR.
Address: 2202 STATE; SUITE 201
City-St-Zip: PANAMA CITY, FL 32405

I hereby 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 all other like empowered.

SIGNATURE: DUKE GEORGE COOR 02/19/2010

Electronic Signature of Signing Officer or Director Date