

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003311 (6)**

1. Corporation Name

**BAYMED CLINICS, INC.**



Principal Place of Business	Mailing Address
<b>615 NORTH BONITA STREET PANAMA CITY FL 32401</b>	<b>615 NORTH BONITA STREET PANAMA CITY FL 32401-3623</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/12/1995</b>		3a. Date of Last Report <b>09/25/1996</b>	
21		26		4. FEI Number <b>59-3331365</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

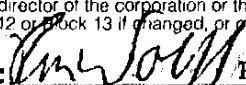
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOLFF, RONALD V 615 NORTH BONITA STREET PANAMA CITY FL 32401</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>BENNETT, DERRICK G</b>			1.2 NAME	<b>Ingrid Rachesky, M.D.</b>		
STREET ADDRESS	<b>112 EAST 3RD COURT</b>			1.3 STREET ADDRESS	<b>2550 Jenks Avenue</b>		
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>			1.4 CITY-ST-ZIP	<b>Panama City, FL 32405</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>BRUDNICKI, GREG</b>			2.2 NAME	<b>Rodney C. Morris, M.D.</b>		
STREET ADDRESS	<b>2403 HARRISON AVE.</b>			2.3 STREET ADDRESS	<b>806 E. Sixth Street</b>		
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>			2.4 CITY-ST-ZIP	<b>Panama City, FL 32401</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CHAPMAN, JOSEPH F</b>			3.2 NAME			
STREET ADDRESS	<b>CALLER BOX 17</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>WOLFF, RONALD V</b>			4.2 NAME			
STREET ADDRESS	<b>615 BONITA AVENUE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HULL-DICK, ANN</b>			5.2 NAME			
STREET ADDRESS	<b>414 BUNKERS COVE RD.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MIDDLEMAS, JOHN R</b>			6.2 NAME			
STREET ADDRESS	<b>101 HARRISON AVENUE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Ronald V. Wolff, President** 01/15/97 904/747-6045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008422

CR2E037 (9/96)