


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003311

1. Corporation Name

BAYMED CLINICS, INC.

Principal Place of Business

**615 NORTH BONITA STREET
PANAMA CITY FL 32401**

Mailing Address

**615 NORTH BONITA STREET
PANAMA CITY FL 32401**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/12/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3331365	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**WOLFF, RONALD V
615 NORTH BONITA STREET
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DERRICK G	1.2 NAME	Tommy M. Cooley
STREET ADDRESS	112 EAST 3RD COURT	1.3 STREET ADDRESS	712 Moore Circle
CITY-ST-ZIP	PANAMA CITY FL 32402	1.4 CITY-ST-ZIP	Panama City FL 32402
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUDNICKI, GREG	2.2 NAME	Rodney C. Morris, MD
STREET ADDRESS	2403 HARRISON AVE.	2.3 STREET ADDRESS	806 East-Sixth-St.
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	Panama City FL 32401
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, JOSEPH F	3.2 NAME	Ingrid Rachesky, MD
STREET ADDRESS	CALLER BOX 17	3.3 STREET ADDRESS	2550 Jenks Aven.
CITY-ST-ZIP	PANAMA CITY FL 32402	3.4 CITY-ST-ZIP	Panama City FL 32405
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFF, RONALD V	4.2 NAME	Robert Waylon Thompson, Esq.
STREET ADDRESS	615 BONITA AVENUE	4.3 STREET ADDRESS	314 Magnolia Ave.
CITY-ST-ZIP	PANAMA CITY FL 32401	4.4 CITY-ST-ZIP	Panama City FL 32402
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL-DICK, ANN	5.2 NAME	Mark V. Wimberly
STREET ADDRESS	414 BUNKERS COVE RD.	5.3 STREET ADDRESS	1230 East 15 St.
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP	Panama City FL 32405
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MIDDLEMAS, JOHN R	6.2 NAME	
STREET ADDRESS	101 HARRISON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32401	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(4/198)