

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # N95000003311

1. Entity Name
BAYMED CLINICS, INC.

Principal Place of Business

615 NORTH BONITA STREET

PANAMA CITY
32401

FL

Mailing Address

615 NORTH BONITA STREET

PANAMA CITY
32401

FL

2. Principal Place of Business

3. Mailing Address

P O BOX 59515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

PANAMA CITY

FL

4. FEI Number

59-3331365

Applied For

Not Applicable

Zip

Country

Zip

324120515

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFF RONALD V
615 NORTH BONITA STREET

PANAMA CITY
32401

FL

US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 RONALD V. WOLFF

04/28/2000

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MIDDLEMAS JOHN R
STREET ADDRESS 101 HARRISON AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HULL-DICK ANN
STREET ADDRESS 414 BUNKERS COVE RD.
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOLFF RONALD V
STREET ADDRESS 615 BONITA AVENUE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORRIS RODNEY C
STREET ADDRESS 806 EAST SIXTH ST
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRUDNICKI GREG
STREET ADDRESS 2403 HARRISON AVE.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENNETT DERRICK G
STREET ADDRESS 112 EAST 3RD COURT
CITY-ST-ZIP PANAMA CITY FL 32402

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.