

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003311

1. Entity Name

BAYMED CLINICS, INC.

Principal Place of Business

615 NORTH BONITA STREET  
PANAMA CITY FL 32401

Mailing Address

P O BOX 59515  
PANAMA CITY FL 32412-0515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3331365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Johnson, Steve

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

615 North Bonita ST

City

Panama City,

FL

Zip Code

32401

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

*Steven M. Johnson*

Steven M. Johnson, President/CEO

Aug. 23, 2001

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  
After September 12, 2001, min. will be \$236.25

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

TITLE	D	Delete
NAME	BENNETT, DERRICK G	
STREET ADDRESS	112 EAST 3RD COURT	
CITY-ST-ZIP	PANAMA CITY FL 32402	
TITLE	D	Delete
NAME	BRUDNICKI, GREG	
STREET ADDRESS	2403 HARRISON AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	Delete
NAME	MORRIS, RODNEY C	
STREET ADDRESS	806 EAST SIXTH ST	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	Delete
NAME	WOLFF, RONALD V	
STREET ADDRESS	615 BONITA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	Delete
NAME	HULL-DICK, ANN	
STREET ADDRESS	414 BUNKERS COVE RD.	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	D	Delete
NAME	MIDDLEMAS, JOHN R	
STREET ADDRESS	101 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cooley, Tommy M.	
STREET ADDRESS	712 Moore Circle, Panama City, FL	
CITY-ST-ZIP	32402	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waylon, Robert	
STREET ADDRESS	314 Magnolia Avenue	
CITY-ST-ZIP	Panama City, FL 32402	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Tommy M. Cooley* Tommy M. Cooley, Chairman, Board of Trustees

850/747-6045

08/27/01

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90019 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)