


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 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
--	---	---

DOCUMENT # **N95000003499 (9)**

1. Corporation Name

**BAYMED MENTAL HEALTH SERVICES, INC.**



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

3. Date Incorporated or Qualified <b>07/25/1995</b>	3a. Date of Last Report <b>07/18/1996</b>
--	--

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WOLFF, RONALD V 615 N BONITA AVE PANAMA CITY FL 32401</b>	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

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 Vice Chairman</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURCH, HATTIE B</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. DRAWER 820 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D Member</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOLEY, TOMMY M</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 2222 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D Chairman</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDING, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 16028 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Member</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon Sheffield</b>	4.2 NAME	
STREET ADDRESS	<b>1508 Wisconsin Ave.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lynn Haven, FL 32444</b>	4.4 CITY-ST-ZIP	
TITLE	<b>Member</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steve Cox</b>	5.2 NAME	
STREET ADDRESS	<b>734 Jenks Ave.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Panama City, FL 32405</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or changed, or on an attachment with an address.

CR2E037 (9/96)