


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003499					
1. Corporation Name BAYMED MENTAL HEALTH SERVICES, INC.					
Principal Place of Business 615 N BONITA AVE PANAMA CITY FL 32401			Mailing Address 615 N BONITA AVE PANAMA CITY FL 32401		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/25/1995 4. FEI Number 59-3331364 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WOLFF, RONALD V 615 N BONITA AVE 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 FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME CD BURCH, HATTIE B Chairperson STREET ADDRESS P.O. DRAWER 820 N/A CITY-ST-ZIP PANAMA CITY FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Sheffield, Sharon Board Member 1.3 STREET ADDRESS 1508 Wisconsin Avenue 1.4 CITY-ST-ZIP Lynn Haven, Florida 32444		
TITLE <input type="checkbox"/> DELETE NAME D COOLEY, TOMMY M Vice Chairman STREET ADDRESS P.O. BOX 2222 N/A CITY-ST-ZIP PANAMA CITY FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME DC HARDING, MICHAEL DELETE STREET ADDRESS P.O. BOX 16028 N/A CITY-ST-ZIP PANAMA CITY FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME D WOLFF, RON President and CEO of STREET ADDRESS 615 N BONITA AVE Bay Medical Center CITY-ST-ZIP PANAMA CITY FL 32401			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D COX, STEVE Board Member STREET ADDRESS 734 JENKS AVE CITY-ST-ZIP PANAMA CITY FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D TABBAA, MUTAZ A MD Board Member STREET ADDRESS 2011 HARRISON AVE CITY-ST-ZIP PANAMA CITY FL 32405			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: **X** **SIGNATURE REQUIRED** *Ron Wolff* 4/22/99 850/747-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)