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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90010 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002049

1. Corporation Name

"BAYMED STAFFING INC."

Principal Place of Business
 615 NORTH BONITA AVENUE
 PANAMA CITY FL 32401

Mailing Address
 615 NORTH BONITA AVENUE
 PANAMA CITY FL 32401



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/16/1996 4. FEI Number 59-3375726 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MILLER, R D 615 NORTH BONITA AVENUE 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
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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 NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, JOSEPH F III 3412 ROBINSON BAYOU CIRCLE PANAMA CITY FL 32405	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Andrew W. Stein 3315 Harbour Place Panama City FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DERRICK G III 1827 AIRPORT CIRCLE PANAMA CITY FL 32405	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Derrick G. Bennett 816 Tech Drive Lynn Haven FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COOLEY, TOMMY M 2229 JOAN AVE PANAMA CITY FL 32408	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Rodney C. Morris, MD 504 Bunkers Cove Rd. Panama City FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCH, HATTIE B 1002 MAPLE AVENUE PANAMA CITY FL 32405	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Thomas S. Neubauer 608 Shoreline Drive Panama City FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, DOUGLAS L 2139 BRIARWOOD CIRCLE PANAMA CITY FL 32405	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, ANNE H 414 BUNKERS COVE ROAD PANAMA CITY FL 32401	6.1 TITLE 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:

R. Stein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

850-747-6917
 Daytime Phone #

CR2E037 (11/98)