

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90198 018 ****61.25

DOCUMENT # N96000002049

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3375726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALFF, RONALD V
615 NORTH BONITA AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Steven M. Johnson

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

615 North Bonita Avenue

Panama City, Florida 32401

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  **Steven M. Johnson, President/CEO** Jan. 21, 2002

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BARR, JIMMY	
STREET ADDRESS	2305 HIGHWAY 77	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, DERRICK G III	
STREET ADDRESS	112 E. THIRD COURT	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	C	<input type="checkbox"/> Delete
NAME	COOLEY, TOMMY M	
STREET ADDRESS	2229 JOAN AVE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BURCH, HATTIE B	
STREET ADDRESS	1002 MAPLE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRINGER, DOUGLAS L	
STREET ADDRESS	2139 BRIARWOOD CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	T	<input type="checkbox"/> Delete
NAME	DICK, ANNE H	
STREET ADDRESS	414 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew W. Stein	
STREET ADDRESS	144 Harrison Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas S. Neubauer	
STREET ADDRESS	740 S. Tyndall Parkway	
CITY-ST-ZIP	Panama City, FL 32404	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin W. Redding	
STREET ADDRESS	220 McKenzie Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard F. Walker, M.D.	
STREET ADDRESS	504 MacArthur Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
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:  **NE REQUIRED** **Steven M. Johnson, President/CEO** Jan. 21, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)