

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90073 038 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3375726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

STEVEN, JOHNSON M
615 NORTH BONITA AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
NAME **BARR, JIMMY**
STREET ADDRESS **2305 HIGHWAY 77-- 1022 W. 23rd St.**
CITY-ST-ZIP **PANAMA CITY FL 32401-- 32405**

TITLE **Vice Chairman** ☐ Change ☒ Addition
NAME **Andrew W. Stein**
STREET ADDRESS **144 Harrison Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **T** ☒ Delete
NAME **BENNETT, DERRICK G III**
STREET ADDRESS **112 E. THIRD COURT**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Thomas S. Neubauer**
STREET ADDRESS **740 S. Tyndall Parkway**
CITY-ST-ZIP **Panama City, FL 32404**

TITLE **C** ☐ Delete
NAME **COOLEY, TOMMY M**
STREET ADDRESS **2229 JOAN AVE P. O. Box 2222**
CITY-ST-ZIP **PANAMA CITY FL 32408-- 32402**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **William G. Bruce, M.D.**
STREET ADDRESS **520 N. MacArthur Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **VC** ☒ Delete
NAME **BURCH, HATTIE B**
STREET ADDRESS **1002 MAPLE AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Ben W. Redding**
STREET ADDRESS **220 McKenzie Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **T** ☒ Delete
NAME **STRINGER, DOUGLAS L**
STREET ADDRESS **2139 BRIARWOOD CIRCLE**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Richard F. Walker, M.D.**
STREET ADDRESS **504 N. MacArthur Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

TITLE **T** ☐ Delete
NAME **DICK, ANNE H**
STREET ADDRESS **414 BUNKERS COVE ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Frieda Warren**
STREET ADDRESS **2309 Mound Avenue**
CITY-ST-ZIP **Panama City, FL 32401**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Johnson, President/CEO 7/16/03

850/747-6045

Date

Daytime Phone #

CR2E037 (4/03)