2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: BAYFRONT HEALTH FOUNDATION, INC.

Current Principal Place of Business:

701-6TH STREET SOUTH
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

701-6TH STREET SOUTH
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 31-1492316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRODY, SUE G MS
701-6TH STREET SOUTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: BRODY, SUE G MS
Address: 701-6TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: C
Name: GILLESPIE, JAMES R MR
Address: 4804 WINDMILL PALM TERRACE NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: S
Name: CARLSON, DIMITY MS
Address: 2510 HERON LANE NORTH
City-St-Zip: CLEARWATER, FL 33762 US

Title: VC
Name: DAVIS, LARRY DR
Address: 701 SIXTH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: T
Name: JONES, CHIP MR
Address: 13577 FEATHER SOUND DRIVE, SUITE 400
City-St-Zip: CLEARWATER, FL 33762 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUE G. BRODY PCEO 03/11/2010

Electronic Signature of Signing Officer or Director Date