

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM

Secretary of State

DOCUMENT # N97000000841

1. Entity Name

HOSPICE OF BAY MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

615 NORTH BONITA STREET

615 NORTH BONITA STREET

PANAMA CITY  
32401

FL

PANAMA CITY  
32401

FL

2. Principal Place of Business

615 NORTH BONITA AVENUE

3. Mailing Address

PO BOX 59515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY

FL

City & State

PANAMA CITY

FL

4. FEI Number

59-3448018

Applied For

Not Applicable

Zip

32401

Country

Zip

324120515

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFF RONALD V  
615 NORTH BONITA STREET

PANAMA CITY  
32401

FL

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.

SIGNATURE RONALD V. WOLFF

04/28/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Delete  
NAME MILLER R. DEREK P  
STREET ADDRESS 615 NORTH BONITA STREET  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE DS ☒ Change ☐ Addition  
NAME HULL BRADLEY DIR  
STREET ADDRESS 615 NORTH BONITA STREET  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE DV ☐ Delete  
NAME OHE GREGORY P  
STREET ADDRESS 615 NORTH BONITA STREET  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE DV ☒ Change ☐ Addition  
NAME OHE GREGORY PVP  
STREET ADDRESS 615 NORTH BONITA STREET  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE DP ☐ Delete  
NAME WOLFF RONALD V  
STREET ADDRESS 615 NORTH BONITA STREET  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE DP ☒ Change ☐ Addition  
NAME WOLFF RONALD VCEO  
STREET ADDRESS 615 NORTH BONITA STREET  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.