

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076680

Entity Name: BAYLINE MEDICAL CENTER, INC.

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

102 SE AVE B
CARRABELLE, FL 32322

New Principal Place of Business:

1581 HWY 98 WEST
CARRABELLE, FL 32322

Current Mailing Address:

PO BOX 1078
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 65-1116743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, WILLIAM D
102 SE AVE B
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

HOLTON, WILLIAM D
1581 HWY 98 WEST
CARRABELLE, FL 32322 US

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: WILLIAM D. HOLTON

04/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLTON, WILLIAM D
Address: 102 SE AVE B
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLTON, WILLIAM D
Address: 1581 HWY 98 WEST
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. HOLTON

P

04/23/2005

Electronic Signature of Signing Officer or Director

Date