

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P05000020177

1. Entity Name
BAY FAMILY MEDICINE, PA



Principal Place of Business
**2420 JENKS AVE.
SUITE 5
PANAMA CITY, FL 32405**

Mailing Address
**P.O. BOX 97
LYNN HAVEN, FL 32444**



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2326634

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARMISTEAD, STEPHEN H DR.
2420 JENKS AVE.
SUITE 5
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000868671
04/09/08-80018-009 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMISTEAD, STEPHEN H DR. P.O. BOX 97 LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMISTEAD, CHRISTY L P.O. BOX 97 LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Christy Armistead
CHRISTY ARMISTEAD

3/20/8 850-763-3635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone