

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000049156

1. Entity Name
BAY HEALTH CARE PROPERTIES, INC.



Principal Place of Business
107 W 19TH ST
PANAMA CITY, FL 32405 US

Mailing Address
1000 SUNSET LN
LYNN HAVEN, FL 32444 US

**FILED
Feb 28, 2006 08:00 AM
Secretary of State**



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3196544	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PHILLIPS, WARREN A
1000 SUNSET LN.
LYNN HAVEN, FL 32444**

**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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution.

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

**000000452168
03/11/06-80016-002 150.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME PHILLIPS, WARREN A
STREET ADDRESS 1000 SUNSET LANE
CITY-ST-ZIP LYNN HAVEN, FL 32444**

**TITLE D
NAME SAULS, DENNIS L
STREET ADDRESS 4603 ASHLAND WAY
CITY-ST-ZIP PANAMA CITY, FL 32404**

**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 all other like empowered.

SIGNATURE: Warren A. Phillips (D) 2/26/06 (850) 856-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0228

Daytime Phone #