

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049156

FILED
Jan 27, 2008
Secretary of State

Entity Name: BAY HEALTH CARE PROPERTIES, INC.

Current Principal Place of Business:

107 W 19TH ST
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

1000 SUNSET LN
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 59-3196544 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PHILLIPS, WARREN A
Address: 1000 SUNSET LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: SAULS, DENNIS L
Address: 4603 ASHLAND WAY
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WARREN A. PHILLIPS

D

01/27/2008

Electronic Signature of Signing Officer or Director

Date