## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000078449 (1)

BAY MEDCROSS, INC.

Principal Place of Business
2508 OAK LANDING DRIVE

Mailing Address

2508 OAK LANDING DRIVE BRANDON FL 33511-7620

## FILED May 19 1997 8:00am Secretary of State





BRANDON FL 3	R3511	BHANDUN FL 33511-7620								
Same T	•					3. Date Incorporated or Qualified 09/19/1996	3a. Date o			
	ace of Business OAK LANDING OR.	2a. Mailing Address 26 2508 OAK LA	N O	inica	Da	4. FEI Number 59-3339775			plied For t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				(Crima) / (C)					dditional	
22		27				5. Certificate of Status Desired	<u>'</u>	Fee Re	quired	
City & State			N. FL.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	/ c	ountry		8. This corporation has liability for I	ntangible tax			
24 335		29 33511	30	US	<b>&gt;</b>	Florida Statutes	Yes 🔼 N	lo		
	9. Name and Address of Current I	Registered Agent			N	10. Name and Address of New Re	glatered Age	nt		
BAXLEY, READE					81 Name					
2508 OAK LANDING DRIVE					Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
BRANDON FL 33511				63						
•	1									
				84	City		FL	5 Zip (	Code	
11. Pursuani t	o the provisions of Sections 607.0502 a	and 607.1508, Florida Statut	es, the	above	-named corporation	oration submits this statement for the p	urpose of chi	anging it	s registered	
agent. Lar	ogistered agent, or both, in the State of In familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida S	Statutes	i.	or a board of directors. Friendly accept	A the appoint	ITIÇIN US	regiatorea	
SIGNATURE .		7 1 1	f. D			adb. and and address	DATE			
12.	Signature Typed or printed name of registered agent a OFFICERS AND I		t: Regist		nt signature require	nd when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12	
TITLE	PSTD	DELETE		1 TITLE	1			Change	Addition	
NAME .	BAXLEY, READE		1.3	2 NAME						
STHEFT ADDRESS	2508 OAK LANDING DRIVE		1,3	3 STREET	ADDRESS					
CITY-S1-7IP	BRANDON FL 33511		1.4	4 CITY-S	T-ZIP					
HILE	D	DELETE	2.	1 TITLE			Ш	Change	Addition	
NAME	BAXLEY, SALLY Z			2 NAME						
STREET ADDRESS	2508 OAK LANDING DRIVE		1		ADDRESS	,				
CITY-ST-ZIF TITLE	BRANDON FL 33511	DELETE		4 CITY-S	IT- ZIP			Change	Addition	
NAME				2 NAME	.		_	•		
STREET ADDRESS			3.	3 STAEET	ADDRESS					
CITY - ST - ZIP			3.	4. CITY-S	T-21P					
TITLE		DELETE.	4.	1 TITLE				Change	Addition	
NAME			4.	2 NAME						
STREET ADDRESS					ADDRESS	·				
CITY - ST - ZIP		DELETE		4 CITY-S	T-ZIP			Change	Addition	
TITLE		רון מבניבוב .	- 1	1 TITLE				Anali <b>y</b> e	notified	
NAME OTOTET ADODESE				2 NAME 2 STOFFT	ADDRESS					
STREET ADDRESS CITY+ST+ZIP			•	.4 CITY-S	1					
TITLE		☐ DELETE		1 TITLE	1 6.91			Change	Addition	
NAME		<del></del>		2 NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				4 CITY-S						
	ov certify that the information supplied a	with this filing does not quali				in Section 119 07(3)(i). Florida Statute	s. I further ce	rilly that	the	

4. I do nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 inchanged, or on a attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/17/91

813-684-5307

Daytime Phone #