

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004547 (0)

1. Corporation Name
BAYSIDE MEDICAL, INC.

Principal Place of Business 975 ROYCE STREET PENSACOLA FL 32503	Mailing Address 975 ROYCE STREET PENSACOLA FL 32503
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/1997

2. Principal Place of Business 21 3164 BIRDSEYE CIRCLE Suite, Apt. #, etc. 22 City & State 23 GULF BREEZE, FL. Zip 24 32561 Country 25 USA	2a. Mailing Address 26 3164 BIRDSEYE CIRCLE Suite, Apt. #, etc. 27 City & State 28 GULF BREEZE, FL. Zip 29 32561 Country 30 USA
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4. FEI Number **59-3416950** Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HEATH, MARK B
 975 ROYCE STREET
 PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
 81 Name **MARK B. HEATH**
 82 Street Address (P.O. Box Number is Not Acceptable)
3164 BIRDSEYE CIRCLE
 83
 84 City **GULF BREEZE** FL 85 Zip Code **32561**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mark B. Heath* DATE **4-22-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	HEATH, MARK B	
STREET ADDRESS	975 ROYCE STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/>
NAME	HEATH, ROY B	
STREET ADDRESS	975 ROYCE STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	3164 BIRDSEYE CIRCLE		
1.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address.

SIGNATURE: *Mark B. Heath* DATE **4-22-98** **850 932 4067**

CR2E034 (10/97)