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Apr 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004547

1. Corporation Name
BAYSIDE MEDICAL, INC.

Principal Place of Business 3164 BIRDSEYE CIR GULF BREEZE FL 32561 US	Mailing Address 3164 BIRDSEYE CIR GULF BREEZE FL 32561 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4333 LISA COURT Suite, Apt. #, etc.	2a. Mailing Address 26 4333 LISA COURT Suite, Apt. #, etc.
22	27
23 City & State GULF BREEZE, FL	28 City & State GULF BREEZE, FL
24 Zip 32561 25 Country USA	29 Zip 32561 30 Country USA

3. Date Incorporated or Qualified 01/08/1997
4. FEI Number - 59-3416950 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HEATH, MARK B
3164 BIRDSEYE CIR
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name MARK B. HEATH
82 Street Address (P.O. Box Number is Not Acceptable) 4333 LISA COURT
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 PRESIDENT** *Mark B. Heath* DATE **4/5/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HEATH, MARK B
STREET ADDRESS	3164 BIRDSEYE CIR
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HEATH, ROY B
STREET ADDRESS	975 ROYCE STREET
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK B. HEATH
1.3 STREET ADDRESS	4333 LISA COURT
1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICKI L. HEATH
2.3 STREET ADDRESS	4333 LISA COURT
2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: **MARK B. HEATH** *Mark B. Heath* DATE **4.5.99** Daytime Phone # **850 932 4067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)