2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000093186

1. Entity Name

BAYCREST HEALTHCARE, INC.



FILED Mar 21, 2007 08:00 AM **Secretary of State**

Principal Place of Business

950 DAUPHIN ST MOBILE, AL 36604

US

Mailing Address

950 DAUPHIN STREET MOBILE, AL 36604



03072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-1213384

Applied For Not Applicable

\$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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the obligati	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	sistered office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and little i	applicable (NOTE Res	gistered Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	OFFICERS AND DIRECT D BALL, CLARENCE M JR 950 DAUPHIN STREET MOBILE, AL 36604	TORS		U00000574754 03/29/07-80084-007 158.75		
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

3-16-07

251.433.9801