2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Sanatawy of Sta			
1. Entity Nam	DOCUMENT # P98000093186 1. Entity Name BAYCREST HEALTHCARE, INC.			Secretary of Sta			
Principal Place 950 DAUPHII MOBILE, AL	N ST	Mailing Address 950 DAUPHIN STREET MOBILE, AL 36604		- - 	O JOSOF SONIE ODEN SONIE ODEN	83118 13188 1KD1 11891 10	181 8 - 1 771 8 (77)
Г	O NOT WRITE	CE .	04072008	No Chg-P	CR2E034 (11/		
	O NOT WRITE	IN THIS SPA	CE	FEI Number 63-121 Certificate		\$8.75 Fee Rec	Applied For Not Applicable Additional quired
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				DO	NOT W	RITE	,
	ON, FL 33324			IN 7	THIS SP	ACE	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registere			ed Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees			-
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D BALL, CLARENCE M JR 950 DAUPHIN STREET MOBILE, AL 36604	RECTORS		. ,	Unhan	1007000	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ·		05/27708-	80086 <u>-</u> 013	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 his 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 provided.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRI

4/25/08

257-433-9801

Daytime Phone #