

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N15000010167

**Entity Name:** BARTOW REGIONAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

2200 OSPREY BOULEVARD  
BARTOW, FL 33830

**Current Mailing Address:**

2985 DREW STREET  
CLEARWATER, FL 33759 US

**FEI Number:** 47-5387418

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAYCARE HEALTH SYSTEM, INC.  
ATTENTION: LEGAL SERVICES DEPARTMENT  
2985 DREW STREET  
CLEARWATER, FL 33759 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name HINTON, BRIAN  
Address 2200 OSPREY BLVD  
City-State-Zip: BARTOW FL 33830

Title PRESIDENT  
Name GUY, KIMBERLY  
Address 3001 W. DR. MARTIN LUTHER KING  
JR. BLVD.  
City-State-Zip: TAMPA FL 33607

Title SECRETARY/TREASURER  
Name MICALLEF, MICHAEL  
Address 2200 OSPREY BLVD  
City-State-Zip: BARTOW FL 33830

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY GUY

**PRESIDENT**

**10/03/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date