

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010167

Entity Name: BARTOW REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

2200 OSPREY BOULEVARD
BARTOW, FL 33830

FILED
Jan 05, 2024
Secretary of State
5591534894CC

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: JENNIFER L TOUSE

01/05/2024

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 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

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

Title DIRECTOR
Name MURPHY, FREDRICK JOHN JR.
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name ROBELS, BENJAMIN SR.
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name SORG, DAVID
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name BELL, MELONY
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name CLANCEY, ROBERT
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

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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

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name INGRAM, DON
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name COMPTON, CASEY
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name GARAS, TAREK DR.
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name PHILLIP, RENGIT DR.
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name THOMAS, LEANN
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name KERR, KAREN
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name KATZMANN, JEREMY DR.
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830

Title DIRECTOR
Name FISHER, ALLEN DR.
Address 2200 OSPREY BLVD.
City-State-Zip: BARTOW FL 33830