

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N92000000038

Entity Name: BAYCARE MEDICAL GROUP, INC.

Current Principal Place of Business:

300 SOUTH PARK PLACE BOULEVARD
SUITE 180
CLEARWATER, FL 33759

Current Mailing Address:

300 SOUTH PARK PLACE BOULEVARD
SUITE 180
CLEARWATER, FL 33759 US

FEI Number: 59-3140335

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: SCOTT A. KIZER

08/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ULBRICHT, WILLIAM
Address 300 SOUTH PARK PLACE BOULEVARD
SUITE 180
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name FINK, ANDREW M.D.
Address 4902 EISENHOWER BOULEVARD
SUITE 300
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name FLAREAU, BRUCE M.D.
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name GANTNER, JOHN
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name WATERS, GLENN
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name BORRECA, JOHN
Address 5405 SUNFLARE WEST
City-State-Zip: LUTZ FL 33558

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: GLENN WATERS

DIRECTOR

08/15/2016

Electronic Signature of Signing Officer/Director Detail

Date