## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000038

Entity Name: BAYCARE MEDICAL GROUP, INC.

**FILED** Mar 04, 2015 **Secretary of State** CC5524972910

## **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:

KIZER, SCOTT A 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 03/04/2015

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name CANTONIS, JAMES Name CORRIGAN, KEVIN L

855 EAST PINE 300 SOUTH PARK PLACE Address Address **BOULEVARD** 

City-State-Zip: TARPON SPRINGS FL 34689

City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR

**DIRECTOR** KIRKMAN, LEE MD Name Name MASON, STEPHEN

4902 EISENHOWER BOULEVARD Address

Address 2985 DREW STREET SUITE 300

TAMPA FL 33634 City-State-Zip: CLEARWATER FL 33759 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

Name BORRECA, JOHN Name ARLINE, LAURA MD

8787 BRYAN DAIRY ROAD, SUITE 275 Address 5405 SUNFLARE WEST Address

> LUTZ FL 33558 City-State-Zip:

City-State-Zip: LARGO FL 33777

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.

03/04/2015 SIGNATURE: KEVIN CORRIGAN DIRECTOR