FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G88936** **(1)**

1. Corporation Name
BAPTIST HEALTH VENTURES, INC.

Principal Place of Business	Mailing Address
1717 NORTH E STREET SUITE 320 PENSACOLA FL 32505-6045	1717 NORTH E STREET SUITE 320 PENSACOLA FL 32505-6045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/06/1984**
3a. Date of Last Report: **03/23/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2415910** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN SLYKE, ROBERT E.
1717 NORTH "E" STREET
SUITE 320
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C/D	☐ Change ☒ Addition
NAME	JOHNSON, T. SOL	12 NAME	F.E. BOOKER	
STREET ADDRESS	1 BEAVER RUN	13 STREET ADDRESS	106 WEST LORETTA	
CITY-ST-ZIP	MILTON FL 32570	14 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VCD	21 TITLE	D	☐ Change XX Addition
NAME	DONOVAN, FRED C.	22 NAME	GERALD L. BROWN	
STREET ADDRESS	2225 MCCUTCHEN PL.	23 STREET ADDRESS	601 SOUTH PALAFOX, P.O. Box 12584	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	PENSACOLA, FL 32573	
TITLE	~~D~~	31 TITLE	D	☐ Change ☒ Addition
NAME	~~FISHER, F.M. JR~~	32 NAME	WILLIAM A. ROSS, III	
STREET ADDRESS	~~2920 OXFORD DRIVE~~	33 STREET ADDRESS	5605 INNERARITY CIRCLE	
CITY-ST-ZIP	~~PENSACOLA FL~~	34 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	41 TITLE	D	☐ Change XX Addition
NAME	HEATH, R.N.	42 NAME	ROY W. SMITH, JR.	
STREET ADDRESS	1220 DURNFORD PLACE	43 STREET ADDRESS	2740 BANQUOS TRAIL	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	AS	51 TITLE	AS	☒ Change ☐ Addition
NAME	~~WAKEMAN, CHARON~~	52 NAME	RUTH WARD	
STREET ADDRESS	~~315 W. GADSDEN STREET~~	53 STREET ADDRESS	1200 WEST MALLORY #201	
CITY-ST-ZIP	~~PENSACOLA FL~~	54 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LANDRUM, H. BRITT	62 NAME		
STREET ADDRESS	6708 PLANTATION RD.	63 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388146 CP