FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G88936 (1)

1. Corporation Name
BAPTIST HEALTH VENTURES, INC.

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

Mailing Address
1717 NORTH E STREET
SUITE 320
PENSACOLA FL 32505-6045

3. Date Incorporated or Qualified: 03/06/1984
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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: Robert E Van Slyke DATE 4-2-96

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	JOHNSON, T. SOL	
STREET ADDRESS	1 BEAVER RUN	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	VCD	☒ DELETE
NAME	DONOVAN, FRED C.	
STREET ADDRESS	2225 MCCUTCHEN PL.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☒ DELETE
NAME	ROSS, WILLIAM A III	
STREET ADDRESS	5605 INNERARITY CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☒ DELETE
NAME	HEATH, R.N.	
STREET ADDRESS	1220 DURNFORD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	AS	☒ DELETE
NAME	WARD, RUTH	
STREET ADDRESS	1200 W MALLORY 201	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ DELETE
NAME	LANDRUM, H. BRITT	
STREET ADDRESS	6708 PLANTATION RD.	
CITY-ST-ZIP	PENSACOLA FL 32504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	☐ Change ☒ Addition
1.2 NAME	F.E. Booker	
1.3 STREET ADDRESS	Post Office Box 1473 (NA)	
1.4 CITY-ST-ZIP	Pensacola, Fl 32597	
2.1 TITLE	VCD	☐ Change ☒ Addition
2.2 NAME	G. L. Barrow	
2.3 STREET ADDRESS	221 Northcliff Drive	
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME	H. Britt Landrum, Jr.	
3.3 STREET ADDRESS	Post Office Box 15700 (NA)	
3.4 CITY-ST-ZIP	Pensacola, FL 32514	
4.1 TITLE	AS	☐ Change ☒ Addition
4.2 NAME	Sharon M. Brooks	
4.3 STREET ADDRESS	5849 Pebble Ridge Drive	
4.4 CITY-ST-ZIP	Milton, FL 32583	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: Sharon M Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon M. Brooks

4/02/96 Date
904/469-2339 Daytime Phone #

CR2E034 (12/95)