
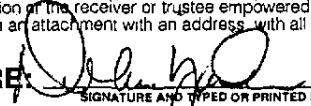


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # G88936 1. Entity Name BAPTIST HEALTH VENTURES, INC.			
Principal Place of Business 1717 N E ST. SUITE 320 PENSACOLA, FL 32501		Mailing Address 1717 NORTH E STREET STE 320 ATTN J KEHOE PENSACOLA, FL 32501	
DO NOT WRITE IN THIS SPACE			
		04052005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2415910		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, JOHN 1717 NORTH "E" STREET SUITE 320 PENSACOLA, FL 32501			
DO NOT WRITE IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SHELL, STEPHEN D SEVILLE TOWER 9TH FL 226 S PALAFOX PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ROSS, WILLIAM A III 608 BAYSHORE DR PENSACOLA, FL 32507		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, ROY W JR. 2740 BANQUOS TRL. PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, THOMAS F 316 S BAYLEN ST, STE 100 PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, E HARRIS III 101 W GARDEN ST PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANELLI, EDWARD F PHD 11000 UNIVERSITY PKWY PENSACOLA, FL 32514		
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE 		Debra A. Yaden, Asst. Sec. 4/5/05 850/469-2339	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	