

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88936

FILED
Mar 18, 2009
Secretary of State

Entity Name: BAPTIST HEALTH VENTURES, INC.

Current Principal Place of Business:

1717 N E ST.
SUITE 320
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1717 NORTH E STREET
STE 320 ATTN J KEHOE
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2415910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, JOHN
1717 NORTH "E" STREET
SUITE 320
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

PORTER, JOHN
1717 NORTH
SUITE 320
PENSACOLA, FL 32501 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:

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SHELL, STEPHEN D
Address: SEVILLE TOWER 9TH FL 226 S PALAFOX
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: SNIDER, PAUL R
Address: 345 JAMES RIVER RD
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: CRAWFORD, JASON D
Address: 316 S BAYLEN ST
City-St-Zip: PENSACOLA, FL 32502

Title: VC () Delete
Name: OWENS, THOMAS F
Address: 5061 N 12TH AVE
City-St-Zip: PENSACOLA, FL 32504

Title: ST () Delete
Name: REYNOLDS, HARRIS E III
Address: 101 W GARDEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: RANELLI, EDWARD F PHD
Address: 11000 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA YADEN

AS

03/18/2009

Electronic Signature of Signing Officer or Director

Date