


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90009 023 ****61.25


DOCUMENT # N02000006840	
1. Entity Name BAPTIST OUTPATIENT SERVICES, INC.	

Principal Place of Business 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143	Mailing Address 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

CT

54054678



02052004 Chg-NP CR2E037 (10/03)

4. FEI Number 56-2290370	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEHMAN, JODY ESQ.
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CADMAN, GEORGE E III 17917 SW 97TH AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete STOKES, ROBERTA 9971 SW 144 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BUSTILLO, OSCAR JR. 5900 BIRD ROAD MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALONSO, TONY 8600 NW 36 STREET STE 800 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Pahina M. Rosello **Date:** 4/23/04 **Daytime Phone #:** 786-662-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR