

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90007 048 ****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

40048703



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 56-2290370

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRIEDMAN, DAVID R 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143		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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, TONY			NAME			
STREET ADDRESS	17917 SW 07TH AVENUE			STREET ADDRESS	200 E. Flagler Street		
CITY-ST-ZIP	MIAMI, FL 33167			CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOKES, ROBERTA			NAME			
STREET ADDRESS	9971 SW 144 STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSTILLO, OSCAR JR.			NAME			
STREET ADDRESS	5000 BIRD ROAD			STREET ADDRESS	10536 N.W. 12th Manor		
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	Pembroke, FL 33025		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, TONY			NAME			
STREET ADDRESS	8600 NW 36 STREET STE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33166			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSELLO, PATRICIA			NAME			
STREET ADDRESS	6855 RED ROAD, SUITE 600			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33143			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Shuffleld, Ron		
STREET ADDRESS				STREET ADDRESS	1360 South Dixie Hwy.		
CITY-ST-ZIP				CITY-ST-ZIP	CORAL GABLES, FL 33146		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia Rosello 3/7/07 786 662-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #