

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006840

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: BAPTIST OUTPATIENT SERVICES, INC.

**Current Principal Place of Business:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 56-2290370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRIEDMAN, DAVID R  
6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALONSO, TONY  
Address: 200 E FLAGLER ST  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: STOKES, ROBERTA  
Address: 9971 SW 144 STREET  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: BUSTILLO, OSCAR JR.  
Address: 10536 NW 12TH MANOR  
City-St-Zip: PEMBROOKE, FL 33025

Title: D ( ) Delete  
Name: SHUFFIELD, RON  
Address: 1360 S DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: CEO (X) Delete  
Name: ROSELLO, PATRICIA  
Address: 6855 RED ROAD, SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: ROSELLO, PATRICIA  
Address: 6855 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33143

Title: C (X) Change ( ) Addition  
Name: STOKES, ROBERTA  
Address: 6855 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33143

Title: VC (X) Change ( ) Addition  
Name: SHUFFIELD, RONALD A  
Address: 6855 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33043

Title: S (X) Change ( ) Addition  
Name: HOOD, CHARLES M III  
Address: 6855 RED ROAD  
City-St-Zip: CORAL GABLES, FL 33143

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROSELLO

CEO

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date