


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90390 025 ****61.25

DOCUMENT # N02000006840

1. Entity Name
BAPTIST OUTPATIENT SERVICES, INC.



Principal Place of Business Mailing Address

6855 RED ROAD **6855 RED ROAD**
SUITE 600 **SUITE 600**
CORAL GABLES FL 33143 **CORAL GABLES FL 33143**

55044020



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

56-2290370 Not Applicable

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CADMAN, GEORGE E III	
STREET ADDRESS	17917 SW 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAY, EMIT O DR.	
STREET ADDRESS	5125 SW 149 PLACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOKES, ROBERTA	
STREET ADDRESS	9971 SW 144 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUSTILLO, OSCAR JR.	
STREET ADDRESS	5900 BIRD ROAD	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Tony ALONSO		
STREET ADDRESS	8600 NW 36 Street, Suite 800		
CITY-ST-ZIP	Miami, FL 33156		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *SIGNATURE REQUIRED* Date: 786-662-7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)