

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90389 010 ***150.00

DOCUMENT # P03000030892					
1. Entity Name BHE REALTY, 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0152617	
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 - STE 500 CORAL GABLES, FL 33142			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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOPEZ-BLAZQUEZ, ANA 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENRIGHT, WILLIAM F 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MATHERNE, CLEVELAND J 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENLEAF, WENDY W 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 607, 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: <i>David R. Friedman</i>			3-17-06 786 6627272		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



**Baptist Health
South Florida**

ATTACHMENT

40057217

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

April 5, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

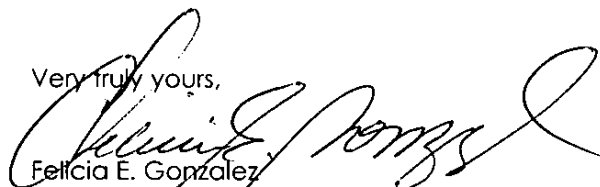
RE: 2006 Annual Report for BHE Realty, Inc.
Document #: P03000030892

Dear Sirs:

Attached for filing is the 2006 Annual Reports for the above-referenced corporation together with check in the amount of \$150.00 to cover the filing fee for the annual report.

Should you have any questions, please do not hesitate to contact me at 786-662-7022.
Thank you.

Very truly yours,



Felicia E. Gonzalez
Office Administrator

Attachment