

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000049707 (0)**

1. Corporation Name

BAPTIST MEDICAL SERVICES CORP.

FILED
May 01, 1996 08:00 AM
Secretary of State



Principal Place of Business 8900 N KENDALL DRIVE MIAMI FL 33176		Mailing Address 8900 N KENDALL DRIVE MIAMI FL 33176	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/05/1994		3a. Date of Last Report 03/27/1995	
4. FET Number 65-0506620		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SAXON, KYLE R 1700 ALFRED I. DUPONT BLDG. 169 EAST FLAGLER STREET MIAMI FL 33131			
10. Name and Address of New Registered Agent 81 Name Jody Lehman 82 Street Address (P.O. Box Number is Not Acceptable) 8900 N. Kendall Drive 83 84 City Miami, FL 85 Zip Code 33176			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>Jody Lehman</i> 4-26-96 Signature, typed printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) OFFICERS AND DIRECTORS 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP P KEELEY, BRIAN E 8900 N KENDALL DRIVE MIAMI FL 33176 DELETE <input type="checkbox"/> VST LAWSON, RALPH E 8900 N KENDALL DRIVE MIAMI FL 33176 DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP V/S/T Change <input type="checkbox"/> Addition <input type="checkbox"/> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP V Huntley, Lee 8900 N. Kendall Drive Miami, FL 33176 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 200001812652 -05/08/96--01014--013 ***200.00 Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 2251			

SIGNATURE:

Ralph E. Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ralph E. Lawson

4/24/96 (305) 596-1960

Date Daytime Phone #

CR2E034 (12/95)