

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049707

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** BAPTIST MEDICAL SERVICES CORP.

**Current Principal Place of Business:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143 US

**New Mailing Address:**

**FEI Number:** 65-0506620

**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:**

FRIEDMAN, DAVID R  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 US

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:

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VST  
Name: GREENLEAF, WENDY  
Address: 6855 RED RD STE 600  
City-St-Zip: CORAL GABLES, FL 33143

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA ROSELLO

MGR

02/03/2011

Electronic Signature of Signing Officer or Director

Date