## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006840

Entity Name: BAPTIST OUTPATIENT SERVICES, INC.

FILED
Mar 17, 2014
Secretary of State
CC8868737252

## **Current Principal Place of Business:**

6855 RED ROAD SUITE 600

CORAL GABLES, FL 33143

# **Current Mailing Address:**

6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143

FEI Number: 56-2290370 Certificate of Status Desired: No

## Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title CEO Title C

Name ROSELLO, PATRICIA Name STOKES, ROBERTA

Address 6855 RED ROAD - SUITE 600 Address 6855 RED ROAD - SUITE 600
City-State-Zip: CORAL GABLES FL 33143 City-State-Zip: CORAL GABLES FL 33143

Title VC Title 5

Name SHUFFIELD, RONALD A Name HOOD, CHARLES MIII

Address 6855 RED ROAD - SUITE 600 Address 6855 RED ROAD - SUITE 600
City-State-Zip: CORAL GABLES FL 33043 City-State-Zip: CORAL GABLES FL 33143

Title T

Name ELAM, JOYCE

Address 6855 RED ROAD - SUITE 600 City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.