

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006840

**Entity Name:** BAPTIST OUTPATIENT SERVICES, INC.

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
Name BATISTA-RODRIGUEZ, NANCY A  
Address 6855 RED ROAD - SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title C  
Name STOKES, ROBERTA  
Address 6855 RED ROAD - SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title VC  
Name SHUFFIELD, RONALD A  
Address 6855 RED ROAD - SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title S  
Name POPE , ANN E  
Address 6855 RED ROAD - SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title T  
Name TRIPATHY, SATS  
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.*

**SIGNATURE: NANCY A. BATISTA-RODRIGUEZ**

**CEO**

**04/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date