

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88936

Entity Name: BAPTIST HEALTH VENTURES, INC.**Current Principal Place of Business:**1717 N E ST.
SUITE 320
PENSACOLA, FL 32501**Current Mailing Address:**ATTN: ELIZABETH CALLAHAN
1717 NORTH E STREET SUITE 320
PENSACOLA, FL 32501 US**FEI Number: 59-2415910****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALLAHAN, ELIZABETH
1717 NORTH E ST.
SUITE 320
PENSACOLA, FL 32501 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 | C |
| Name | PORTER, JOHN |
| Address | 1717 NORTH E ST., STE. 320 |
| City-State-Zip: | PENSACOLA FL 32501 |

| | |
|-----------------|---------------------------|
| Title | SECRETARY |
| Name | CALLAHAN, ELIZABETH |
| Address | 1717 N E ST. SUITE 320 |
| City-State-Zip: | PENSACOLA FL 32501 |

| | |
|-----------------|---------------------------|
| Title | TREASURER |
| Name | GLEASON, MIKE |
| Address | 1717 N E ST. SUITE 320 |
| City-State-Zip: | PENSACOLA FL 32501 |

| | |
|-----------------|---------------------------|
| Title | EXEC ASSISTANT |
| Name | MULLINS, JAN |
| Address | 1717 N E ST. SUITE 320 |
| City-State-Zip: | PENSACOLA FL 32501 |

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: JAN MULLINS**EXEC ASST****03/16/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date