

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700088

FILED
Apr 11, 2011
Secretary of State

Entity Name: BAPTIST HOSPITAL, INC.

Current Principal Place of Business:

1000 W MORENO ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1717 NO E ST
STE 320 ATTN MARY MATHEWS
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-0657322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAULKNER, MARK T
1000 W MORENO STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: JACKSON, RONALD E
Address: 900 N 12TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: VC
Name: HICKS, LARRY K
Address: 316 S. BAYLEN ST., STE. 250
City-St-Zip: PENSACOLA, FL 32501

Title: S/T
Name: SMITH, RICKY W
Address: 3834 HWY. 4
City-St-Zip: JAY, FL 32565

Title: D
Name: MANSKER, VAN E
Address: 5131 CHANDELLE DR
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: HOWARD, BARRY
Address: 500 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: AS
Name: MATHEWS, MARY
Address: 1717 NO E ST STE 320
City-St-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY MATHEWS

AS

04/11/2011

Electronic Signature of Signing Officer or Director

Date