

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90116 004 \*\*\*\*61.25

**DOCUMENT # 700088**

1. Entity Name  
**BAPTIST HOSPITAL, INC.**



Principal Place of Business <b>1000 W MORENO ST PO BOX 17500 PENSACOLA FL 32522</b>	Mailing Address <b>1717 NO E ST STE 320 ATTN J KEHOE PENSACOLA FL 32501 US</b>
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**70036697**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-0657322</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**ALFRED, STUBBLEFIELD G  
1000 W MORENO STREET  
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BOWDEN, TRAVIS J</b>	
STREET ADDRESS <b>ONE ENERGY PLACE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32520-0100</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SWITZER, ROBERT B</b>	
STREET ADDRESS <b>1402 N TARRAGONA ST</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>	
TITLE <b>VCD</b>	<input type="checkbox"/> Delete
NAME <b>GRAY, EDWARD M III</b>	
STREET ADDRESS <b>409 GULF BREEZE PKWY</b>	
CITY-ST-ZIP <b>GULF BREEZE FL 32561</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DARDEN, OLIVER M</b>	
STREET ADDRESS <b>4184 MADURA RD</b>	
CITY-ST-ZIP <b>GULF BREEZE FL 32561</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>EPPS, LORNETTA T MD</b>	
STREET ADDRESS <b>1717 N "E" ST, STE 208</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32501</b>	
TITLE <b>AS</b>	<input type="checkbox"/> Delete
NAME <b>KEHOE, JOYCE</b>	
STREET ADDRESS <b>1948 TANBARK DR.</b>	
CITY-ST-ZIP <b>MILTON FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <b>S,D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Rae, R. Irvin</b>	
STREET ADDRESS <b>3381 Chantarene Dr.</b>	
CITY-ST-ZIP <b>Pensacola, FL 32507</b>	
TITLE <b>T,D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Soule, Margherita J.</b>	
STREET ADDRESS <b>1057 Harbourview Circle</b>	
CITY-ST-ZIP <b>Pensacola, FL 32507</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Garner, John W., M.D.</b>	
STREET ADDRESS <b>1717 N. "E" St., Ste. 430</b>	
CITY-ST-ZIP <b>Pensacola, FL 32501</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>James E. Hicks</b>	
STREET ADDRESS <b>250 Brent Lane</b>	
CITY-ST-ZIP <b>Pensacola, FL 32503</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Schmitz, Jim</b>	
STREET ADDRESS <b>70 N. Baylen St.</b>	
CITY-ST-ZIP <b>Pensacola, FL 32501</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOYCE KEHOE** **SIGNATURE REQUIRED** Joyce Kehoe, Asst. Sec. 4/7/03 850/469-2345

CR2E037 (10/02)

*Attachment #*  
**BAPTIST HOSPITAL, INC.**  
Pensacola, Florida

70036697

700088

**BOARD OF DIRECTORS**

Chairman, Ronald E. Jackson  
Vice Chairman, Edward M. Gray, III  
Secretary, R. Irvin Rae  
Treasurer, Margherita J. Soule  
Assistant Secretary, Joyce Kehoe

**Terms Expire 2004**

Richard A. Bedics, Ed.D  
4321 Calm Terrace  
Pensacola, FL 32503

Edward M. Gray, III, Exec.Dir.  
Gulf Breeze Financial Services, Inc.  
315 Fairpoint Dr.  
Gulf Breeze, FL 32561

R. Irvin Rae  
3381 Chantarene Dr.  
Pensacola, FL 32507

Jim Schmitz  
Area Exec., Exec. VP  
AmSouth Bank  
70 N. Baylen St.  
Pensacola, FL 32501

Ricky M. Smith  
Smith Tractor Company, Inc.  
3834 Hwy. 4  
Jay, FL 32565

Margherita J. Soule  
1057 Harbourview Circle  
Pensacola, FL 32507

Robert B. Switzer, Vice Pres.  
The Lamar Corporation  
1402 N. Tarragona St.  
Pensacola, FL 32501

**Terms Expire 2005**

James E. Hicks  
Assistant to the President  
Pensacola Christian College  
250 Brent Lane  
Pensacola, FL 32503

Robert J. Mills, D.Min.  
First Baptist Church of Pensacola  
500 N. Palafox St.  
Pensacola, FL 32501

Robert F. Rubey, M.D.  
1717 N. "E" St., Ste. 434  
Pensacola, FL 32501

**Terms Expire 2006**

John W. Garner, M.D.  
1717 N. "E" St., Ste. 430  
Pensacola, FL 32501

Ronald E. Jackson  
Saltmarsh, Cleaveland & Gund  
900 N. 12th Ave.  
Pensacola, FL 32501

Jean Norman, Director  
Development & Marketing, WSRE-TV  
Pensacola Junior College  
1000 College Boulevard, Bldg. 2  
Pensacola, FL 32504