

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 10 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                          |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 714675</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                         |                                                                                                                                                      |
| 1. Entity Name<br>SOUTH FLORIDA BAPTIST HOSPITAL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                                          |                                                                                                                                                      |
| Principal Place of Business<br>301 N. ALEXANDER ST.<br>PLANT CITY, FL 33563                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | Mailing Address<br>ATTN: W. G. ULBRICHT<br>301 N. ALEXANDER ST.<br>PLANT CITY, FL 33563 US                                               |                                                                                                                                                      |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 3. Mailing Address                                                                                                                       |                                                                                                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Suite, Apt. #, etc.                                                                                                                      |                                                                                                                                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | City & State                                                                                                                             |                                                                                                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                       | Zip                                                                                                                                      | Country                                                                                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>ULBRICHT, WILLIAM G.<br>301 N. ALEXANDER ST<br>PLANT CITY, FL 33566                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                          |                                                                                                                                                      |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                |                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Make check payable to<br>Florida Department of State                                                                                     |                                                                                                                                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                    |                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CD<br>MEURER, WILLIA<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | CD<br>BUCKLEY, STEPHEN R.<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VCD<br>RODWELL, BRUCE<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>400103024264<br>05/22/07--01035--007 **2207.50                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STD<br>WATTS, HOWARD<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>MALLAH, ISSAC<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>ARGHITTU, MARY SR<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AS<br>HILL, CORINA<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | AS<br>FLYNN, CAROL<br>3001 W DR ML KING JR BV<br>TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | Date: 4/17/07 (413) 757-1205<br><small>Daytime Phone #</small>                                                                           |                                                                                                                                                      |

SOUTH FLORIDA BAPTIST HOSPITAL, INC.  
2007 UNIFORM BUSINESS REPORT  
ADDITIONAL TRUSTEES

(D)

Michael W. Booher  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

John P. Borreca  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

George K. James, M.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Lee Kirkman, M.D.  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Carolyn Duyck McMullen  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Sr. Mary McNally  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Walwin Metzger, M.D.  
c/o St. Joseph's Hospital, Inc.  
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Tampa, FL 33607

(D)

William Meurer  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Nora Musselman  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Liana O'Drobinak  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Nancy Schneid  
c/o St. Joseph's Hospital, Inc.  
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Tampa, FL 33607

(D)

Elaine Shimberg  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
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(D)

Steve Smith, M.D.  
c/o St. Joseph's Hospital, Inc.  
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(D)

Spurgeon M. David Stamps, PhD  
c/o St. Joseph's Hospital, Inc.  
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Tampa, FL 33607

(D)

William West  
c/o St. Joseph's Hospital, Inc.  
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Tampa, FL 33607

(D)

Albert Whitaker  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607

(D)

Belinda Wilson  
c/o St. Joseph's Hospital, Inc.  
3001 W. Dr. Martin Luther King, Jr. Blvd.  
Tampa, FL 33607