

FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747255 (8)
1. Corporation Name
BAPTIST HOSPITAL OF MIAMI FOUNDATION, INC.



Principal Place of Business 8900 NORTH KENDALL DRIVE MIAMI FL 33176	Mailing Address 8900 NORTH KENDALL DRIVE MIAMI FL 33176-2118
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3. Date Incorporated or Qualified 05/18/1979	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number 59-1923401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROBERT G BAAL
130505 SW 72 CT
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAAL, ROBERT G.	
STREET ADDRESS	13505 SW 72ND COURT	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TEMLING, W. PETER	
STREET ADDRESS	5940 SW 116 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, JIM	
STREET ADDRESS	94 WOUTH HIBISCUS DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOULE, PAUL	
STREET ADDRESS	9471 SW 97 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOLTON, JOSEPH	
STREET ADDRESS	5505 SW 93 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAWSON, RALPH E	
STREET ADDRESS	8900 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33176-2118	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CD CARR, JAMES
2.3 STREET ADDRESS	94 HIBISCUS DRIVE
2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD GLUCK, PAUL M.D.
3.3 STREET ADDRESS	10165 SW 84 COURT
3.4 CITY-ST-ZIP	MIAMI, FL 33156
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD MORGENSTERN, MEL ESQ.
5.3 STREET ADDRESS	201 ALHAMBRA CIRCLE #1200
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CFO
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert G Baal Date: 1-10-97 Daytime Phone #: 305 596 6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)