

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747255

**FILED**  
**Jan 07, 2004**  
**Secretary of State**

**Entity Name:** BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 59-1923401      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LEHMAN, JODY E  
6855 RED ROAD  
SUITE 500  
CORAL GABLES, FL 33143 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: CAD ( ) Delete  
Name: GLUCK, PAUL A.M.D.  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: VCD ( ) Delete  
Name: CARR, JAMES  
Address: 81 PALM AVENUE  
City-St-Zip: MIAMI, FL 33139

Title: TD ( ) Delete  
Name: BAKER, YERBY  
Address: 10585 SW 109 CT #S202  
City-St-Zip: MIAMI, FL 33176

Title: CD ( ) Delete  
Name: SOULE, PAUL  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: WOLMAN, PHILIP  
Address: 285 W 74 PLACE  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CED (X) Change ( ) Addition  
Name: SOULE, PAUL  
Address: 9595 NORTH KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: VCD (X) Change ( ) Addition  
Name: DICKINSON, WILLIAM  
Address: 31 OCEAN REEF DRIVE, STE A101  
City-St-Zip: KEY LARGO, FL 33037

Title: TD (X) Change ( ) Addition  
Name: TIE SHUE, HENRY  
Address: 126 ORQUIDEA AVENUE  
City-St-Zip: CORAL GABLES, FL 33143

Title: CD (X) Change ( ) Addition  
Name: CARR, JAMES  
Address: 81 PALM AVENUE  
City-St-Zip: MIAMI, FL 33139

Title: SD (X) Change ( ) Addition  
Name: HANCK, BARBARA  
Address: 15900 SW 258 STREET  
City-St-Zip: HOMESTEAD, FL 33031

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES CARR

CD

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date