

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747255

FILED  
Jan 06, 2009  
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 ( )

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

FRIEDMAN, DAVID R  
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: CD ( ) Delete  
Name: TILLET, BILL  
Address: 10905 SNAPPER CREEK ROAD  
City-St-Zip: CORAL GABLES, FL 33156

Title: TD ( ) Delete  
Name: SOULE, PAUL  
Address: 9471 SW 97 STREET  
City-St-Zip: MIAMI, FL 33176

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

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

Title: SD ( ) Delete  
Name: MITA, BURKE  
Address: 31 OCEAN REEF DR. #C-302  
City-St-Zip: KEY LARGO, FL 33037

Title: D (X) Delete  
Name: LAWSON, RALPH  
Address: 6855 RED ROAD  
City-St-Zip: MIAMI, FL 33143

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

Title: CEO (X) Change ( ) Addition  
Name: BAAL, ROBERT G  
Address: 8900 NORTH KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: C (X) Change ( ) Addition  
Name: TILLET, BILL  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: VC (X) Change ( ) Addition  
Name: HARRIS, JAMES W  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: S (X) Change ( ) Addition  
Name: BURKE, MITA  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change ( ) Addition  
Name: PARSONS, STEPHEN J  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT G. BAAL

CEO

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date