



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 017 ****61.25

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|--|-----------------------------------|---|---|--|--|
| DOCUMENT # 767266 1. Entity Name BAPTIST HEALTH CARE CORPORATION | | | |  | |
| Principal Place of Business 1717 N 'E' ST STE 320 PENSACOLA, FL 32501 US | | | Mailing Address 1717 NORTH 'E' ST. STE 320- ATTN: J. KEHOE PENSACOLA, FL 32501 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 | | 4. FEI Number 59-2425151 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| DANIEL, J. NIXON III 501 COMMENDENCIA ST. PENSACOLA, FL 32501 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DONOVAN, FRED C | NAME | | | |
| STREET ADDRESS | 449 W MAIN ST | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32502 | CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MOORE, MARJORIE T | NAME | D Moore, Marjorie T. | | |
| STREET ADDRESS | 204 BAYOU BLVD | STREET ADDRESS | 204 Bayou Blvd. | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | Pensacola, FL 32503 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BYRD, WILLIAM E | NAME | S Shell, Stephen B. | | |
| STREET ADDRESS | 2550 N 15TH AVE | STREET ADDRESS | 226 Palaflex Pl., 9th FL | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | CITY-ST-ZIP | Pensacola, FL 32501 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRAY, EDWARD M III | NAME | T Grissett, William C. | | |
| STREET ADDRESS | 315 FAIRPOINT DR | STREET ADDRESS | 5720 Hwy. 31 | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | CITY-ST-ZIP | Atmore, AL 36502 | | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LANDRUM, H BRITT JR | NAME | VC Landrum, H. Britt, Jr. | | |
| STREET ADDRESS | 6723 PLANTATION RD | STREET ADDRESS | 6723 Plantation Rd. | | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | CITY-ST-ZIP | Pensacola, FL 32504 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BERNARD, JACOB P | NAME | | | |
| STREET ADDRESS | ONE ENERGY PLACE | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32520 | CITY-ST-ZIP | | | |
| 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: <u>Joyce Kehoe</u> <u>Joyce Kehoe Asst. Sec.</u> <u>4/10/07</u> <u>850/466-2345</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |