2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# 767266

Entity Name: BAPTIST HEALTH CARE CORPORATION

Current Principal Place of Business:

1717 NORTH E ST
STE 320
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

1717 NORTH 'E' ST.
STE 320- ATTN: J. KEHOE
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH 'E' ST.
STE 320- ATTN: MARY MATHEWS
PENSACOLA, FL 32501 US

FEI Number: 59-2425151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, J. NIXON III
501 COMMENDENCIA ST.
PENSACOLA, FL 32501 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: C
Name: DONOVAN, FRED C
Address: 449 W MAIN ST
City-St-Zip: PENSACOLA, FL 32502

Title: VC
Name: LANDRUM, H. BRITT JR.
Address: 6723 PLANTATION RD
City-St-Zip: PENSACOLA, FL 32504

Title: VC
Name: BALL, B. KIRK
Address: 2100 BANQUOS TRAIL
City-St-Zip: PENSACOLA, FL 32503

Title: S
Name: EPPS, LORNETTA T MD
Address: 525 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: T
Name: GRAY, EDWARD M III
Address: 315 FAIR PT DR
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: MARY MATHEWS AS 04/05/2010

Electronic Signature of Signing Officer or Director Date