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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767267 (8)
1. Corporation Name
BAPTIST HEALTH AFFILIATES, INC.

Principal Place of Business Mailing Address
1717 NORTH "E" ST., SUITE 320 1717 NORTH "E" ST., SUITE 320
P.O. BOX 17500 P.O. BOX 17500
PENSACOLA FL 32522 PENSACOLA FL 32522
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/02/1983** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-2425149** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30
32522 US

9. Name and Address of Current Registered Agent
MITCHEM, W. SPENCER
3 WEST GARDEN ST
PENSACOLA FL 32501
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, ROGER C.	1.2 NAME	
STREET ADDRESS	7823 APOLLO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	32506
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, EDWARD M. III	2.2 NAME	Kermit P. Bolton
STREET ADDRESS	- P-O BOX 42796 N/A -	2.3 STREET ADDRESS	- P-O Box 936 N/A P.O. Drawer F
CITY-ST-ZIP	- PENSACOLA, FL 09990 -	2.4 CITY-ST-ZIP	Flomaton AL 36441
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHART, CLIFFORD W	3.2 NAME	
STREET ADDRESS	18575 GANDY KEY DR 4746	3.3 STREET ADDRESS	3149 Marcus Pointe Boulevard
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	32505
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, MORT, III	4.2 NAME	000001491850
STREET ADDRESS	316 S BAYLEN S250	4.3 STREET ADDRESS	-05/17/95--01145--006
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	32501 *****61.25 *****61.25
TITLE	DVC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMORELAND, J. LOFTON	5.2 NAME	
STREET ADDRESS	P O BOX 1782 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	5.4 CITY-ST-ZIP	32598
TITLE	AS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL ANNA W. -	6.2 NAME	Joyce Kehoe
STREET ADDRESS	-200 LAURA LANE---	6.3 STREET ADDRESS	1948 Tanbark Dr.
CITY-ST-ZIP	-GULF BREEZE FL---	6.4 CITY-ST-ZIP	Milton FL 32583

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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. 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 is on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joyce Kehoe Joyce Kehoe April 10, 1995 904/469-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature)

BAPTIST HEALTH AFFILIATES, INC.
Pensacola, Florida

BOARD OF DIRECTORS

Chairman, Clifford W. Barnhart
Vice Chairman, J. Lofton Westmoreland
Secretary-Treasurer, J. Mort O'Sullivan, III
Assistant Secretary, Joyce Kehoe

Terms Expire 1996

Kermit P. Bolton (1995)
Tri-City Ledger
P.O. Drawer F NA
Flomaton, AL 36441
334/296-3491

Richard S. Slevinski, M.D. (1990)
Emergency Trauma Center
Baptist Hospital
P.O. Box 17500 *1000 W. Moreno St.*
Pensacola, FL ~~32522-7500~~ *32501*
434-4671

Robert Breedlove (1993)
Opp Building & Supply Company
P.O. Box 386 NA
Opp, AL 36467
334/493-3514

Terms Expire 1998

William A. Hunt (1992)
Gulf Atlantic Constructors, Inc.
P.O. Box 6086 NA
Pensacola, FL 32503
477-0588

J. Lofton Westmoreland (1994)
Attorney at Law
P.O. Box 1792 NA
Pensacola, FL 32598
434-3541 fax/435-7899

Roger C. Mott (1992)
7823 Apollo Drive
Pensacola, FL 32506
456-4818

Terms Expire 1997

Clifford W. Barnhart (1992)
3149 Marcus Pointe Boulevard
Pensacola, FL 32505
474-6476

Bridge Year

J. Mort O'Sullivan, III
316 South Baylen, Suite 250
Pensacola, FL 32501
435-7400 fax/435-2888

K. Randel Everett (1994)
Pastor, First Baptist Church
500 North Palafox Street
Pensacola, FL 32501
433-5631

4/95