

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **G88936** (1)  
1. Corporation Name  
**BAPTIST HEALTH VENTURES, INC.**



Principal Place of Business <b>1717 NORTH E STREET SUITE 320 PENSACOLA FL 32506-8045</b>	Mailing Address <b>1717 NORTH E STREET SUITE 320 PENSACOLA FL 32501-6335</b>
---	---

3. Date Incorporated or Qualified <b>03/06/1984</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-2415910</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>VAN SLYKE, ROBERT E. 1717 NORTH "E" STREET SUITE 320 PENSACOLA FL 32501</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 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: *Robert E. Van Slyke* DATE: **2/10/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOOKER, F E</b>	1.2 NAME	<b>CARSON, VIVIAN A.</b>
STREET ADDRESS	<b>P.O. BOX 1473, N/A</b>	1.3 STREET ADDRESS	<b>2422 CAVALLA LOOP</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32597</b>	1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32526</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROW, G L</b>	2.2 NAME	
STREET ADDRESS	<b>221 NORTHCLIFF DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDRUM, JR., H. BRITT</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 15700, N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKS, SHARON M</b>	4.2 NAME	
STREET ADDRESS	<b>5849 PEBBLE RIDGE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDRUM, H. BRITT</b>	5.2 NAME	<b>LANDRUM, H. BRITT</b>
STREET ADDRESS	<b>6708 PLANTATION RD.</b>	5.3 STREET ADDRESS	<b>6708 PLANTATION RD.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	5.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vivian A. Carson* DATE: **2/14/97** DAYTIME PHONE # **904/469-7643**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**BAPTIST HEALTH VENTURES, INC.**

Pensacola, Florida

**BOARD OF DIRECTORS**

Chairman, F.E. Booker  
Vice Chairman, G.L. Barrow  
Secretary-Treasurer, H. Britt Landrum, Jr.  
Assistant Secretary, Vivian A. Carson

**Terms Expire 1997**

F.E. Booker (1985)  
P.O. Box 1473  
Pensacola, FL 32597  
432-1441 fax/434-2710

Gerald L. Brown (1995)  
Attorney at Law  
P.O. Box 12584  
Pensacola, FL 32573  
432-7646 fax/432-6181

H. Britt Landrum, Jr. (1993)  
Landrum Companies, Inc.  
P.O. Box 15700  
Pensacola, FL 32514  
476-5100 fax/478-4088

**Terms Expire 1998**

G.L. Barrow (1993)  
221 Northcliff Drive  
Gulf Breeze, FL 32561  
932-2313

William A. Ross, III (1995)  
5605 Innerarity Circle  
Pensacola, FL 32507  
492-6116

Roy W. Smith, Jr. (1995)  
2740 Banquos Trail  
Pensacola, FL 32503  
432-7561

**Terms Expire 1999**

Charles H. Nye (1996)  
P.O. Box 15047  
Pensacola, FL 32514  
478-6160 fax/478-4928

Stephen B. Shell (1996)  
P.O. Box 1831  
Pensacola, FL 32598-1831  
434-2411 fax/435-1074

Michael C. Wiggins (1996)  
3460 N. Alcaniz St.  
Pensacola, FL 32503  
438-6109 fax/438-4481