

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business
 1717 NORTH E STREET
 SUITE 320
 PENSACOLA FL 32505-6045

Mailing Address
 1717 NORTH E STREET
 SUITE 320
 PENSACOLA FL 32505-6045

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/06/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2415910	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
VAN SLYKE, ROBERT E. 1717 NORTH "E" STREET SUITE 320 PENSACOLA FL 32501			11. Name		
			12. Street Address (P.O. Box Number is Not Acceptable)		
			13.		
			14. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
	CD BOOKER, F E P.O. BOX 1473, N/A PENSACOLA FL 32597	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VCD BARROW, G L 221 NORTHCLIFF DRIVE GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	AS CARSON, VIVIAN A 2422 CAVALLA LOOP PENSACOLA FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	STD LANDRUM, H BRITT 6708 PLANTATION RD PENSACOLA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*AS Mary Mathews
4337 Sugarmill Bend
Pace FL 32571*

14. I 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 its 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: *Robert E. Van Slyke* **ROBERT E. VAN SLYKE**

CR2E034 (10/97)