


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # G88936
1. Entity Name
BAPTIST HEALTH VENTURES, INC.



Principal Place of Business Mailing Address
1717 N E ST. 1717 NORTH E STREET
SUITE 320 STE 320 ATTN J KEHOE
PENSACOLA, FL 32501 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2415910 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, JOHN
1717 NORTH "E" STREET
SUITE 320
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SHELL, STEPHEN D
STREET ADDRESS	SEVILLE TOWER 9TH FL 226 S PALAFOX
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VCD
NAME	ROSS, WILLIAM A III
STREET ADDRESS	608 BAYSHORE DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	S
NAME	SMITH, ROY W JR.
STREET ADDRESS	2740 BANQUOS TRL.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	T
NAME	OWENS, THOMAS F
STREET ADDRESS	316 S BAYLEN ST, STE 100
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	REYNOLDS, E HARRIS III
STREET ADDRESS	101 W GARDEN ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	RANELLI, EDWARD F PHD
STREET ADDRESS	11000 UNIVERSITY PKWY
CITY-ST-ZIP	PENSACOLA, FL 32514

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IN THIS SPACE**

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04/13/05-80010-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  Debra A. Yaden, Asst. Sec. 4/5/05 850/469-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #