

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H65429** (3)

1. Corporation Name

~~BHS ENTERPRISES, INC.~~
BAPTIST HEALTH ENTERPRISES, INC. NC 12/4/95

NOTE: NAME CHANGE FILED WITH STATE DURING DECEMBER, 1995



Principal Place of Business Mailing Address
8900 N. KENDALL DR. MIAMI FL 33176 8900 N. KENDALL DR. MIAMI FL 33176 SG.

3. Date Incorporated or Qualified **07/03/1985** 3a. Date of Last Report **03/22/1995**
4. FEI Number **59-2572862** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 25 29 30

9. Name and Address of Current Registered Agent
• **KEELEY, BRIAN E.**
8900 N KENDALL DR.
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name **Jody Lehman**
82 Street Address (P.O. Box Number is Not Acceptable) **8900 N. Kendall Drive**
83
84 City **Miami,** FL 85 Zip Code **33176**

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 *Jody Lehman* DATE **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COLE, ROBERT B (V-CHAIR)	
STREET ADDRESS	2301 ALHAMBRA CIR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	MARX, RICHARD C.	
STREET ADDRESS	8900 N.KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEELEY, BRIAN E.	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	LAWSON, RALPH E.	
STREET ADDRESS	8900 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Cole, Robert B.
13 STREET ADDRESS	Gables Plaza, Apt. 1201, 625 Biltmore Way
14 CITY-ST-ZIP	Coral Gables, FL 33134
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	700001830057
23 STREET ADDRESS	-05/20/96--01062--011
24 CITY-ST-ZIP	***200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V/T/S
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	V
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Huntley, Lee
53 STREET ADDRESS	8900 N. Kendall Dr.
54 CITY-ST-ZIP	Miami, FL 33176
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Ralph E. Lawson* DATE: **4/24/96** (305) 596-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ralph E. Lawson** DISTRICT PHONE # **SG 5-1-96**

CR2E034 (12/95)