

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

**FILED**

**May 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H65429 (3)  
1. Corporation Name  
**BAPTIST HEALTH ENTERPRISES, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24  
2a. Mailing Address: 26 6855 RED ROAD Suite, Apt. #, etc. 27 SUITE 600 City & State: 28 CORAL GABLES, FL Zip: 29 33143 Country: 30

3. Date Incorporated or Qualified: 07/03/1985  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: LEHMAN, JODY 8900 N KENDALL DR. MIAMI FL 33176

10. Name and Address of New Registered Agent: 81 Name: LEHMAN, JODY 82 Street Address (P.O. Box Number is Not Acceptable): 6855 RED ROAD 83 SUITE 600 84 City: CORAL GABLES FL 85 Zip Code: 33143

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* Jody Lehman 4/1/98  
Signature typed or printed name of registered agent and title if applicable (NON-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input checked="" type="checkbox"/>
NAME	COLE, ROBERT B (V-CHAIR)	
STREET ADDRESS	625 BILTMORE WAY APT 201	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	P	<input type="checkbox"/>
NAME	KEELEY, BRIAN E.	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTS	<input type="checkbox"/>
NAME	LAWSON, RALPH E.	
STREET ADDRESS	8900 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/>
NAME	HUNTLEY, LEE	
STREET ADDRESS	8900 N. KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DONALD L. BURGESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	CHAIRMAN		
1.3 STREET ADDRESS	6855 RED ROAD STE 600		
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33143		
2.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	TONY ALONSO		
2.3 STREET ADDRESS	6855 RED ROAD STE 600		
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33143		
3.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	H. ROBERT BERRY SR.		
3.3 STREET ADDRESS	6855 RED ROAD STE 600		
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33143		
4.1 TITLE	OSCAR BUSTILLO, JR.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	DIRECTOR		
4.3 STREET ADDRESS	6855 RED ROAD STE 600		
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33143		
5.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	GEORGE E. CADMAN III		
5.3 STREET ADDRESS	6855 RED ROAD STE 600		
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33143		
6.1 TITLE	DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	JOHN P. CHRISTIE, M.D.		
6.3 STREET ADDRESS	6855 RED ROAD STE 600		
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33143		

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Jody Lehman*

CR2E034 (10/97)