

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90030 035 ***158.75

DOCUMENT # H65429 (3)

1. Corporation Name

BAPTIST HEALTH ENTERPRISES, INC.

Principal Place of Business

8900 N KENDALL DRIVE
MIAMI FL 33176

Mailing Address

6855 RED RD #600
CORAL GABLES FL 33143
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHMAN, JODY
6855 RED RD #600
CORAL GABLES FL 33143

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.

Jody Lehman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
COLE, ROBERT B (V-CHAIR)		1.2 NAME	Cadman, George, III
625 BILTMORE WAY APT 1201		1.3 STREET ADDRESS	15757 South Dixie Hwy
CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Miami, Florida 33176
V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE (V)	Javier Hernandez-Lichtl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
HUNTLEY, LEE		2.2 NAME	8900 N. Kendall DR
8900 N KENDALL DR		2.3 STREET ADDRESS	Miami, FL 33176
MIAMI FL		2.4 CITY-ST-ZIP	
P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
KEELEY, BRIAN E.		3.2 NAME	
8900 N KENDALL DRIVE		3.3 STREET ADDRESS	
MIAMI FL 33176		3.4 CITY-ST-ZIP	
VTS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LAWSON, RALPH E.		4.2 NAME	
8900 N KENDALL DRIVE		4.3 STREET ADDRESS	
MIAMI FL 33176		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Hernandez-Lichtl

Date

4/26/99

305 213-2500

Daytime Phone #