

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90056 022 ***158.75

DOCUMENT # H65429

1. Entity Name

BAPTIST HEALTH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8900 N. KENDALL DR.
 MIAMI FL 33176

6588 RED RD #600
 CORAL GABLES FL 33143-3627
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2572862		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LEHMAN, JODY 6855 RED RD #600 CORAL GABLES FL 33143				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CADMAN, GEORGE III			NAME			
STREET ADDRESS	15757 S DIXIE HWY			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEELEY, BRIAN E.			NAME			
STREET ADDRESS	8900 N. KENDALL DR.			STREET ADDRESS	6855 Red Road - Suite 600		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	Coral Gables, FL 33143		
TITLE	VTS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWSON, RALPH E.			NAME			
STREET ADDRESS	8900 N. KENDALL DRIVE			STREET ADDRESS	6855 Red Road - Suite 600		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	Coral Gables, FL 33143		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, JAVAIR L			NAME	JAVIER HERNANDEZ-LICHTL		
STREET ADDRESS	8900 N KENDALL DR			STREET ADDRESS	6855 Red Road - Suite 600		
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP	Coral Gables, FL 33143		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/19/00 DAYTIME PHONE #: 305.273.2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR