


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90009 024 \*\*\*150.00


**DOCUMENT # H65429**  
 1. Entity Name  
**BAPTIST HEALTH ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**6855 RED ROAD**      **6588 RED RD**  
**SUITE 600**      **SUITE 600**  
**CORAL GABLES, FL 33143**      **CORAL GABLES, FL 33143 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

*OK 04034677*



02052004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**59-2572862**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**LEHMAN, JODY**  
**6855 RED RD #600**  
**CORAL GABLES, FL 33143**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD	<input type="checkbox"/> Delete
NAME	CADMAN, GEORGE III	
STREET ADDRESS	1575 S DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	RAY, ENIT O DR.	
STREET ADDRESS	5125 SW 149 PLACE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOKES, ROBERTA	
STREET ADDRESS	9971 S.W. 144 STREET	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUSTILLO, OSCAR	
STREET ADDRESS	5900 BIRD ROAD	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	AST	<input type="checkbox"/> Delete
NAME	ALONSO, TONY	
STREET ADDRESS	8600 MW 36 STREET, SUITE 800	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**       **4/20/04**      **786-662-7111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #