


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90332 040 ***150.00

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

Principal Place of Business 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143	Mailing Address 6588 RED RD SUITE 600 CORAL GABLES, FL 33143 US
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14001111



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03022005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-2572862	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CADMAN, GEORGE III <input type="checkbox"/> Delete 1575 S DIXIE HWY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOKES, ROBERTA <input type="checkbox"/> Delete 9971 S.W. 144 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSTILLO, OSCAR <input type="checkbox"/> Delete 5900 BIRD ROAD MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST ALONSO, TONY <input type="checkbox"/> Delete 8600 MW 36 STREET, SUITE 800 MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ana Lopez-Blazquez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6855 Red Road, Suite 600 Coral Gables, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ana Lopez-Blazquez 4/27/05 786.662.7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR