

H65429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

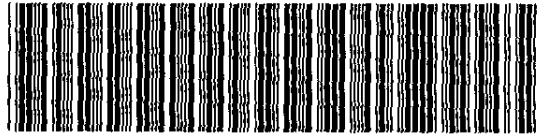
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAPTIST HEALTH ENTERPRISES, INC.
(Name of Corporation)

DOCUMENT NUMBER: H 65 429

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FELICIA E. GONZALEZ
BAPTIST HEALTH SOUTH FLORIDA, INC.
6855 Red Road-Suite 500
Coral Gables, FL 33143

For further information concerning this matter, please call:

Felicia E. Gonzalez at (786) 662-7022

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



Baptist Health South Florida

BAPTIST HOSPITAL OF MIAMI • SOUTH MIAMI HOSPITAL
BAPTIST CHILDREN'S HOSPITAL • HOMESTEAD HOSPITAL • MARINERS HOSPITAL
BAPTIST OUTPATIENT SERVICES • MIAMI CARDIAC & VASCULAR INSTITUTE

FAX COVER SHEET

Date: 2/1/06

From: Felicia Gonzalez	To: <u>Thelma Lewis</u>
Department: Office of the General Counsel	Company: <u>Dept of State</u>
Telephone: (786) 662-7022	Telephone:
Fax: (786) 662-7332	Fax: <u>850-245-6897</u>

MESSAGE

RE: Change of Registered Agent - Baptist Health Enterprises.

Please call to discuss.
 Please call if you have any questions and/or comments.
 Please review the attached and call me with your comments.
 Other (see below)

Thelma
Attached is copy of form for filing.
Thank you so much for calling. Regards.

Felicia

Number of pages including cover sheet:

The information contained in this transmission is attorney privileged and confidential and intended only for the use of the individual to whom, or entity to which, it is addressed. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone (collect) and return the original message to us at the address below via the U.S. Postal Service. We will reimburse you for postage. Thank you.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2006

FELICIA E. GONZALEZ
BAPTIST HEALTH SOUTH FLORIDA, INC.
6855 RED ROAD, SUITE 500
CORAL GABLES, FL 33143

SUBJECT: BAPTIST HEALTH ENTERPRISES, INC.
Ref. Number: H65429

We have received your document for BAPTIST HEALTH ENTERPRISES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 506A00003382

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BAPTIST HEALTH ENTERPRISES, INC.
2. The principal office address: 6855 Red Road, Miami, FL 33143
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/03/85 Document number: H65429
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LEHMAN, JODY
6855 Red Road
Coral Gables, FL 33143

- 6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

DAVID R. FRIEDMAN
6855 Red Road
Coral Gables, FL 33143

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

David R. Friedman
Corporate Vice President and General Counsel
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes, relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

11/27/05
(Date)

If signing on behalf of an entity:
(Typed or Printed Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA