

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65429

FILED
Jan 06, 2009
Secretary of State

Entity Name: BAPTIST HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

6588 RED RD
SUITE 600
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 59-2572862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED RD #600
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CARR, JAMES
Address: 1560 S DIXIE HWY., SUITE 207
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: STOKES, ROBERTA
Address: 9971 S.W. 144 STREET
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: BUSTILLO, OSCAR
Address: 10536 NW 12TH MANOR
City-St-Zip: PEMBROOKE, FL 33025

Title: VC () Delete
Name: SHUFFIELD, RONALD A
Address: 1360 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: CEO (X) Delete
Name: LOPEZ-BLAZQUEZ, ANA
Address: 6855 RED RD STE 600
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: LOPEZ-BLAZQUEZ, ANA
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: C (X) Change () Addition
Name: CARR, JAMES
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: VC (X) Change () Addition
Name: SHUFFIELD, RONALD A
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: S (X) Change () Addition
Name: STOKES, ROBERTA
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA LOPEZ-BLAZQUEZ

CEO

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date