

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65429

FILED
Feb 21, 2011
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:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 US

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

02/21/2011

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: T
Name: ELAM, JOYCE J
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: ANA LOPEZ-BLAZQUEZ

Electronic Signature of Signing Officer or Director

CEO

02/21/2011

Date