


80127821

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 59-2572862		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
LEHMAN, JODY 6855 RED RD #600 CORAL GABLES, FL 33143		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 _____
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CADMAN, GEORGE III 1676 S DIXIE HWY MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		VICE CHAIR EMIT O. RAY, DR. 5125 SW 149 PLACE MIAMI, FL 33185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEELEY, BRIAN E 6856 RED ROAD CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		SECRETARY ROBERTA STOKES 9971 SW 144 ST. MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LAWSON, RALPH E 6856 RED ROAD CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		TREASURER OSCAR BUSTILLO 5900 BIRD RD. MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ-LICHTL, JAVIER 6855 RED ROAD CORAL GABLES, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		ASSISTANT TREASURER TONY ALONSO 8000 NW 36 ST. SUITE 800 MIAMI, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: _____		Date: 06/01/2003 786.662.7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR282004 (10/02)



**Baptist Health
South Florida**

\$ 150.00 Attachment #
660
80127821

H65429

4961

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

June 9, 2003

Certified Mail/Return Receipt Requested

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2003 Uniform Business Report
for Baptist Health Enterprises, Inc.

Dear Sirs:

Please be advised that we never received the 2003 Uniform Business Report Form ("UBR") from your department for filing. Since it was already past May, and not having received the 2003 UBR form from your department, we printed this form from your website and ask that you please proceed to file.

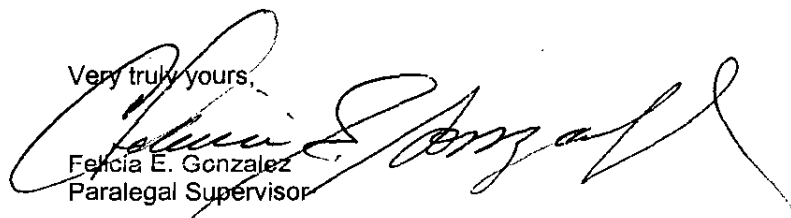
In addition, please note the following:

- The mailing address listed on the form that I printed from your website does not correctly reflect our mailing address which is 6855 Red Road, Suite 600, Coral Gables, FL 33143. Please correct the mailing address as indicated above.
- The changes made to the 2001 Uniform Business Report were not made.

Since we did not receive the 2003 UBR for filing from your department on a timely basis because it was mailed to the wrong address, I respectfully request that you accept the enclosed check in the amount of \$150.00 to cover the filing fee.

In order to avoid any further delays, should you have any questions, please do not hesitate to contact me directly at 786-662-7022.

Very truly yours,



Felicia E. Gonzalez
Paralegal Supervisor

Enclosures