

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # L04000086811

Mailing Address  
1717 N. E STREET  
PENSACOLA, FL 32501 US

3. Mailing Address  
1717 N. "E" St.

Suite, Apt. #, etc.  
Ste. 320 Attn. J. Kehoe

City & State  
Pensacola, FL

Zip  
32501

Country US

4. FEI Number 20-2137733  
~~NOT APPLICABLE~~

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
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TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Baptist Hospital, Inc.		
STREET ADDRESS	1717 N. "E" St., Ste. 320		
CITY-ST-ZIP	Pensacola, FL 32501		

TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Felkner, Joseph G.		
STREET ADDRESS	1717 N. "E" St., Ste. 320		
CITY-ST-ZIP	Pensacola, FL 32501		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE: Joyce Kehoe Joyce Kehoe, Baptist Hospital, Inc. Asst. Secretary

4/13/06 850/469-2345