

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006840

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** BAPTIST OUTPATIENT SERVICES, INC.

**Current Principal Place of Business:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:** 56-2290370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDMAN, DAVID R  
6855 RED ROAD  
SUITE 500  
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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ROSELLO, PATRICIA  
Address: 6855 RED ROAD - SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143 US

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

Title: VC  
Name: SHUFFIELD, RONALD A  
Address: 6855 RED ROAD - SUITE 600  
City-St-Zip: CORAL GABLES, FL 33043 US

Title: S  
Name: HOOD, CHARLES M III  
Address: 6855 RED ROAD - SUITE 600  
City-St-Zip: CORAL GABLES, FL 33143 US

Title: T  
Name: ELAM, JOYCE  
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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA ROSELLO

CEO

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date