


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90052 033 ****61.25

| | | |
|---|--|---|
| DOCUMENT # N03000000942 | |  |
| 1. Entity Name WEST KENDALL BAPTIST HOSPITAL, INC. | | |

| | |
|---|---|
| Principal Place of Business 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 | Mailing Address 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 |
|---|---|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01252008 Chg-NP CR2E037 (12/06)

| | |
|--|-------------------------------|
| 4. FEI Number 52-2438452 | 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 | |
| FRIEDMAN, DAVID R 6855 RED ROAD SUITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|--------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | DCHR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CADMAN, GEORGE E III | | | NAME | | | |
| STREET ADDRESS | 17917 S.W. 97TH AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CLEELAND, DAVID W | | | NAME | | | |
| STREET ADDRESS | 15444 S.W. 146TH TERRACE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33196 | | | CITY-ST-ZIP | | | |
| TITLE | CEO | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HERNANDEZ-LICHTL, JAVIER | | | NAME | | | |
| STREET ADDRESS | 6855 RED ROAD, STE 600 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOPEZ-BLAZQUEZ, ANA | | | NAME | | | |
| STREET ADDRESS | 6855 RED ROAD, STE 600 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andry + Bly* Date: 1/31/08 786-662 7022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #