

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42700 (7)
1. Corporation Name
BAPTIST HEALTH SYSTEMS OF SOUTH FLORIDA, INC.



Principal Place of Business
**8900 N KENDALL DR
MIAMI FL 33176**

Mailing Address
**8900 N KENDALL DR
MIAMI FL 33176**

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0267668

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KEELEY, BRIAN E.
8900 N KENDALL DR
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81 Name **Jody Lehman**
82 Street Address (P.O. Box Number is Not Acceptable)
8900 N Kendall Dr.
83
84 City **Miami, FL** 85 Zip Code **33176**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KEELEY, BRIAN E. | |
| STREET ADDRESS | 8900 N KENDALL DR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | CT | <input type="checkbox"/> DELETE |
| NAME | COLE, ROBERT B | |
| STREET ADDRESS | 625 BILTMORE WAY #1201 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | VCT | <input type="checkbox"/> DELETE |
| NAME | BURGESS, DONALD L | |
| STREET ADDRESS | 7301 SW 174TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | RAY, EMIT O DR | |
| STREET ADDRESS | 5125 SW 149TH PL | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Lawson, Ralph E | |
| 5.3 STREET ADDRESS | 8900 N. Kendall Dr. | |
| 5.4 CITY-ST-ZIP | Miami, FL | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph E Lawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)