

FILE NOW. FILING FEE IS \$01.20

NONPROFIT CORPORATION ANNUAL REPORT, 1996 1997



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

FILED
Jul 17 1997 8:00am
Secretary of State

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

Principal Place of Business Mailing Address
8900 N KENDALL DR 8900 N KENDALL DR
MIAMI FL 33176 MIAMI FL 33176

3. Date Incorporated or Qualified 03/25/1991
3a. Date of Last Report 03/22/1995
4. FEI Number 65-0267668 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
11 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
12 City & State 27 City & State
13 Zip 28 Zip Country 29 Zip Country 30

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* (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE CT 3.2 NAME Burgess, Donald L 3.3 STREET ADDRESS 7301 SW 174th St 3.4 CITY-ST-ZIP Miami, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 300002242203 4.3 STREET ADDRESS -07/21/97--01003--014 4.4 CITY-ST-ZIP ***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME Lawson, Ralph E 5.3 STREET ADDRESS 8900 N. Kendall Dr. 5.4 CITY-ST-ZIP Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE VCT 6.2 NAME Cadman, George E. III 6.3 STREET ADDRESS 15757 S. Dixie Highway 6.4 CITY-ST-ZIP Miami FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PET 7-17

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 checked) or on an attachment with an address.

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

CR2E037 (12/95)