

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
 03/25/1991
 4. FEI Number
 65-0267668
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 LEHMAN, JODY
 8900 N KENDALL DR
 MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (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	V <input type="checkbox"/> DELETE
NAME	LAWSON, RALPH
STREET ADDRESS	8900 N. KENDALL DR.
CITY-ST-ZIP	MIAMI FL
TITLE	CT <input checked="" 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	5126 SW 149TH PL
CITY-ST-ZIP	MIAMI FL
TITLE	VCT <input type="checkbox"/> DELETE
NAME	CADMAN, GEORGE E III
STREET ADDRESS	15767 S. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33157
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VCT Ray, Emit O Dr.
4.3 STREET ADDRESS	5126 SW 149th PL.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CT Cadman, George E III
5.3 STREET ADDRESS	15767 S. Dixie Hwy
5.4 CITY-ST-ZIP	Miami, FL 33157
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ST Cleeland, David W. Rev.
6.3 STREET ADDRESS	15444 S.W. 146 Terrace
6.4 CITY-ST-ZIP	Miami, FL 33196

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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. Lewis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/96)