2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90189 017 ****61.25

DOCUMENT # N42700

1. Entity Name

BAPTIST HEALTH SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
6855 RED ROAD SUITE 600 CORAL GABLES FL 33143-3632	6855 RED ROAD SUITE 600 CORAL GABLES FL 33143-3632

656434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0267668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEHMAN, JODY 6855 RED ROAD 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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEELEY, BRIAN E. 6855 RED ROAD, SUITE 600 CORAL GABLES FL 33143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT SECRETARY George P. Harth 8004 N.W. 154 Street #350 Miami Lakes, FL 33016-1455	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAWSON, RALPH 6855 RED ROAD, SUITE 600 CORAL GABLES FL 33143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT SECRETARY MARCOS D. JIMENEZ 200 S. BISCAYNE Blvd. - # 4900 MIAMI, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CLEELAND, REV. D 15444 SW 146TH TERRACE MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER H. Robert Berry, SR. 9100 S. Dadeland Blvd. #1200 Miami, FL 33156	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT RAY, EMIT O DR 5125 SW 149TH PL MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer George Corrigan 1228 South Greenway Drive Coral Gables, FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT CADMAN, GEORGE E III 15757 S. DIXIE HIGHWAY MIAMI FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 4/25/01 305-596-1960 X5478