

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90024 043 ****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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 AS ☐ Delete
 NAME HARTH, GEORGE P
 STREET ADDRESS 8004 NW 154 STREET #350
 CITY-ST-ZIP MIAMI LAKES FL 33016-1455

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AS ☐ Delete
 NAME JIMINEZ, MARCOS
 STREET ADDRESS 200 S BISCAYNE BLVD #4900
 CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ST ☐ Delete
 NAME CLEELAND, REV. D
 STREET ADDRESS 15444 SW 146TH TERRACE
 CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VCT ☐ Delete
 NAME RAY, EMIT O DR
 STREET ADDRESS 5125 SW 149TH PL
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CT ☐ Delete
 NAME CADMAN, GEORGE E III
 STREET ADDRESS 15757 S. DIXIE HIGHWAY
 CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Delete
 NAME BERRY, H. ROBERT SR
 STREET ADDRESS 9100 S DADELAND BLVD #1200
 CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

2/7/2002

305-661-0363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)