2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State
07-15-2004 90001 042 ****61.25

54062309

DOCUMENT # N42700

1. Entity Name
BAPTIST HEALTH 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

07052004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HARTH, GEORGE P 8004 NW 154 STREET #350 MIAMI LAKES, FL 330161455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~AS~~ ~~JIMINEZ, MARCOS~~ ~~200 S BISCAYNE BLVD #4300~~ ~~MIAMI, FL 33131~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Anna Moore Parks McCabe 1601 So Miami Avenue Miami, Florida 33129 ☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~VST~~ ~~RAY, EMIT C DR~~ ~~6425 SW 113TH PL~~ ~~MIAMI, FL~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S The Honorable Judge Robert L. Dubé 7770 S.W. 133rd Terrace Miami, Florida 33156 ☐ 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	T BERRY, H. ROBERT SR 9100 S DADELAND BLVD #1200 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 7/6/04 786-662-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brian E. Keeley, President