

2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 032 ****61.25

DOCUMENT # N42700	
1. Entity Name BAPTIST HEALTH SOUTH FLORIDA, INC.	

Principal Place of Business 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143-3632	Mailing Address 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143-3632
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

14008769



04222005 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 LEHMAN, JODY 6855 RED ROAD CORAL GABLES, FL 33143	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

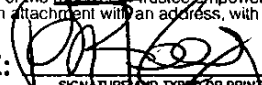
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 330161465- ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 8563 AROOCH ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCABE, ANNA M. 1001 S MIAMI AVE MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ARRA MOORE PARKS MCCABE
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	VCT DUBO, ROBERT L 7770 SW 133RD TERRACE MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ROBERT L. DUBO
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 C 17917 S.W. 97 AVENUE
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:  BRIAN O. KEEL Pres/CEO 4-25-05 786 662-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #