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.

14008769

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

04222005 Chg-NP CR2E037 (10/03)

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. 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

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 33016~~1455~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8563 ARDOCH ROAD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ~~MCCABE, ANVA M~~ 1001 S MIAMI AVE MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition ARVA 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. DUBE
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	C ☑ Change ☐ Addition 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: [signature] BRIAN D. KEELEY PRES/CEO 4-25-05 786 662-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #