

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90206 038 ****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		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, DAVID R 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, 2006		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 8563 ARDOCK ROAD MIAMI LAKES, FL 330161455		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MCCADE, ARVA MOORE P 1001 S MIAMI AVE MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT CLEELAND, REV. D 15444 SW 146TH TERRACE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT DUBO, ROBERT L 7770 SW 133RD TERRACE MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT CADMAN, GEORGE E III 15757 S. DIXIE HIGHWAY MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT BERRY, H. ROBERT - SR 9100 S DADELAND BLVD #1200 MIAMI, FL 33156		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 exemptions contained in Chapter 119, 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: <i>Ralph E. Fawcett</i> / <i>Ralph E. Fawcett</i> 4/27/06 786 662 7169					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60034537



03172006 Chg-NP CR2E037 (11/05)



**Baptist Health
South Florida**

ATTACHMENT

60034537

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

April 28, 2006

Via Federal Express

Division of Corporations
2670 Executive Center Circle-Suite 100
Tallahassee, FL 32301

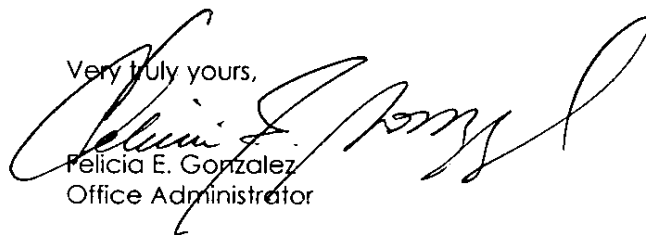
RE: 2006 Annual Report for Baptist Health South Florida, Inc.
Document #: N42700

Dear Sirs:

Attached for filing is the 2006 Annual Reports for the above-referenced corporation together with check in the amount of \$61.25 to cover the filing fee for the annual report.

Should you have any questions, please do not hesitate to contact me at 786-662-7022. Thank you.

Very truly yours,



Felicia E. Gonzalez
Office Administrator

Attachment