2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42700

FILED Feb 16, 2010 Secretary of State

Entity Name: BAPTIST HEALTH SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

6855 RED ROAD SUITE 600

CORAL GABLES, FL 331433632

Current Mailing Address: New Mailing Address:

6855 RED ROAD SUITE 600

CORAL GABLES, FL 331433632

FEI Number: 65-0267668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRIEDMAN, DAVID R 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: KEELEY, BRIAN E

Address: 6855 RED ROAD, SUITE 600 City-St-Zip: CORAL GABLES, FL 33143

Title: C

 Name:
 CLEELAND, DAVID W

 Address:
 6855 RED ROAD, SUITE 600

 City-St-Zip:
 CORAL GABLES, FL 33143

Title: VC

Name: DUBE, ROBERT L

Address: 6855 RED ROAD, SUITE 600 City-St-Zip: CORAL GABLES, FL 33143

Title:

Name: TEMLING, PETER

Address: 6855 RED ROAD, SUITE 600 City-St-Zip: CORAL GABLES, FL 33143

Title: CFO

 Name:
 LAWSON, RALPH E

 Address:
 6855 RED ROAD, SUITE 600

 City-St-Zip:
 CORAL GABLES, FL 33143

Title:

Name: BABCOCK, CALVIN
Address: 6855 RED ROAD, SUITE 600
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH E. LAWSON CFO 02/16/2010