2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90184 022 ****61.25

0026179

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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	KEELEY, Brian E., President 6855 Red Road, Suite 600 Coral Gables, FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS JIMINEZ, MARCOS 200 S BISCAYNE BLVD #4900 MIAMI FL 33131	☐ Delete	LAWSON, Ralph, V. 6855 Red Road, Suite 600 Coral Gables, FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CLEELAND, REV. D 15444 SW 146TH TERRACE MIAMI FL 33196	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCT RAY, EMIT O DR 5125 SW 149TH PL MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT CADMAN, GEORGE E III 15757 S. DIXIE HIGHWAY MIAMI FL 33157	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERRY, H. ROBERT SR 9100 S DADELAND BLVD #1200 MIAMI FL 33156	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 5/8/03 786-662-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #