2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N92000001029

Entity Name: THE FRIARY OF BAPTIST HEALTH CARE, INC.

Current Principal Place of Business:

1000 W MORENO ST
PENSACOLA, FL 32501

New Principal Place of Business:

1000 W MORENO ST STE 320
PENSACOLA, FL 32501

Current Mailing Address:

1717 N "E" ST
STE. 320, ATTN J KEHOE
PENSACOLA, FL 32501

New Mailing Address:

1717 NORTH E ST
STE. 320, ATTN J KEHOE
PENSACOLA, FL 32501

FEI Number: 59-3160248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIXON, DANIEL J III
501 COMMENDENCIA STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: STUBBLEFIELD, ALFRED G
Address: 4691 BOHEMIA PLACE
City-St-Zip: PENSACOLA, FL

Title: TSD ( ) Delete
Name: FELKNER, JOE
Address: 1717 N.
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: PORTER, JOHN
Address: 1717 N.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STUBBLEFIELD, ALFRED G
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

Title: TSD (X) Change ( ) Addition
Name: FELKNER, JOSEPH G
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Change ( ) Addition
Name: PORTER, JOHN
Address: 1717 NORTH E ST STE 320
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH G FELKNER TSD 03/18/2009

Electronic Signature of Signing Officer or Director — Date