

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90009 035 ***150.00

DOCUMENT # P02000100377

1. Entity Name
BAPTIST MEDICAL FAMILY SERVICES, INC.



Principal Place of Business
**6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143**

Mailing Address
**6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143**

54054666



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0800131

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ESQ.
6855 RED ROAD
SUITE 600
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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
HERTIATIDE LICHTL, JAVIER
6855 RED RD STE 600
CORAL GABLES, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Hernandez-Lichtl, Javier

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
ROSELLO, PATRICIA
6855 RED RD STE 600
CORAL GABLES, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
ENRIGHT, WILLIAM F
6855 RED RD STE 600
CORAL GABLES, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AVP
ROUSEFF, MARIBETH F
6855 RED RD STE 600
CORAL GABLES, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VST
GREENLEAF, WENDY W
6855 RED RD STE 600
CORAL GABLES, FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] **4/20/04** **786-662-7111**