


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90332 043 \*\*\*150.00

<b>DOCUMENT # P02000100377</b> 1. Entity Name <b>BAPTIST MEDICAL FAMILY SERVICES, INC.</b>																																																																																																																							
Principal Place of Business <b>6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143</b>			Mailing Address <b>6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143</b>																																																																																																																				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																					
City & State		City & State																																																																																																																					
Zip		Country		Zip																																																																																																																			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																			
<b>LEHMAN, JODY ESQ. 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HERNANDEZ-LICHTL, JAVIER</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6855 RED RD STE 600 CORAL GABLES, FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ROSELLO, PATRICIA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>CEO</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6855 RED RD STE 600</td> <td></td> <td>STREET ADDRESS</td> <td>Patricia Rosello</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td>6855 Red Road, Suite 600 Coral Gables, FL 33143</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ENRIGHT, WILLIAM F</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6855 RED RD STE 600 CORAL GABLES, FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>AVP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROUSEFF, MARIBETH F</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6855 RED RD STE 600 CORAL GABLES, FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREENLEAF, WENDY W</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6855 RED RD STE 600 CORAL GABLES, FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	HERNANDEZ-LICHTL, JAVIER		STREET ADDRESS			CITY-ST-ZIP	6855 RED RD STE 600 CORAL GABLES, FL 33143		CITY-ST-ZIP			TITLE	ROSELLO, PATRICIA	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6855 RED RD STE 600		STREET ADDRESS	Patricia Rosello		CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP	6855 Red Road, Suite 600 Coral Gables, FL 33143		TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ENRIGHT, WILLIAM F		STREET ADDRESS			CITY-ST-ZIP	6855 RED RD STE 600 CORAL GABLES, FL 33143		CITY-ST-ZIP			TITLE	AVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ROUSEFF, MARIBETH F		STREET ADDRESS			CITY-ST-ZIP	6855 RED RD STE 600 CORAL GABLES, FL 33143		CITY-ST-ZIP			TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	GREENLEAF, WENDY W		STREET ADDRESS			CITY-ST-ZIP	6855 RED RD STE 600 CORAL GABLES, FL 33143		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>Patricia Rosello</u> <span style="float: right;">4/22/05 7866627124</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																							

14001108



03022005 Chg-P CR2E034 (10/03)

4. FEI Number **55-0800131** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required