2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100401



2006 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Apr 24, 2006 8:00 am Secretary of State				
1. Entity Name	ie	# P0200010 0 ERS CORP.			04-24-2006 9						
Principal Place 6855 RED RO SUITE 600 CORAL GABLE	OAD		Mailing Address 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143			4,000					
2. Principal Pl		ness	3. Mailing Address								
Suite, Apt.			Suite, Apt. #, etc.			03062006	Chg-P	CR2E034	<u>` </u>	1	
City & State	e	¥******	City & State	City & State			per 00126		Not	plied For t Applicable	
Zip		Country	Zip	Zip Countr			5. Certificate of Status Desired Search Status Desired Fee Required				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
FRIEDMAN 6855 RED SUITE 600 CORAL GA	ROAD)						ber is Not Acceptabl	e)			
CORVIL OF	ADLES, ru	L 33143	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) OATE											
		FEE IS \$150.00 6 Fee will be \$550.0		\$5.00 May Be Added to Fees							
10.	CEO	OFFICERS AND	DIRECTORS Delete	11,		ADDITIONS	CHANGES TO OFF		_		
NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ-B 6855 RED	BLAZQUEZ, ANA D RD STE 600 GABLES, FL 33143	Li Deletta		ı			L	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ı			С	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GREENLE 6855 REC	EAF, WENDY D RD STE 600 GABLES, FL 33143	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6855 REC	O, PATRICIA D RD., STE 600 GABLES, FL 33143	☐ Delete					[_] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: WALON 4 - BUSTUM 3-17-06 7866627272 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desystem Prione #											



ATTACHMENT

40057218

6855 Red Road

Coral Gables, FL 33143-3632

www.baptisthealth.net

April 5, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE:

2006 Annual Report for Baptist Partners Corp.

Document # 202000100401

Dear Sirs:

Attached for filing is the 2006 Annual Reports for the above-referenced corporation together with check in the amount of \$150.00 to cover the filing fee for the annual report.

Should you have any questions, please do not hesitate to contact me at 786-662-7022. Thank you.

, Feircia E. Gonzalez Office Administrator,

Attachment