

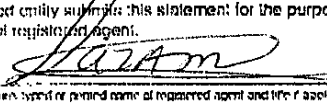
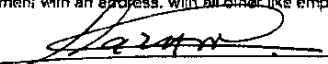
04/28/2006 11:14 3056436466

THE TAX GRO

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90071 042 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000076418			
1. Entity Name BAYLOR MEDICAL CENTER, INC.			
Principal Place of Business 920 B SW 82ND AVE MIAMI, FL 33144		Mailing Address 920 B SW 82ND AVE MIAMI, FL 33144	
2. Principal Place of Business Baylor Medical Center Lazaro Hernandez		3. Mailing Address 920 SW 82 AVE	
Sullivan, Apt. B, etc.		Sullivan, Apt. B, etc.	
City & State Miami Fla		City & State 33144	
Zip 33144		Country USA	
4. FEI Number 20-0089668		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, LAZARO 550 SW 84TH AVE MIAMI, FL 33144		7. Name and Address of New Registered Agent Name: Hernandez LAZARO Street Address (P.O. Box Number is Not Acceptable): 920 B SW 82 AVE City: Miami FL Zip: 33144	
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: 		DATE: 4/28/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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-STATE-ZIP	DPS HERNANDEZ, LAZARO 550 SW 84TH AVE MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HERNANDEZ, MARIA E 550 SW 84TH AVE MIAMI, FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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: 		DATE: 4/28/06 305 262 3999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	