

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700088

Entity Name: BAPTIST HOSPITAL, INC.**Current Principal Place of Business:**1000 W MORENO ST
PENSACOLA, FL 32501**Current Mailing Address:**1717 NORTH E ST
STE 320 ATTN JAN MULLINS
PENSACOLA, FL 32501 US**FEI Number:** 59-0657322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALLAHAN, ELIZABETH
1717 NORTH E ST.
STE. 320
PENSACOLA, FL 32501 US*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**Officer/Director Detail :**

Title	CHAIRMAN
Name	JACKSON, RONALD E
Address	1717 NORTH E ST STE 320 ATTN JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501

Title	VC
Name	JERNIGAN, KIM DR.
Address	1717 NORTH E ST STE 320 ATTN JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501

Title	SECRETARY
Name	SMITH, RICKY W
Address	1717 NORTH E ST STE 320 ATTN JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501

Title	PRESIDENT
Name	RAYNES, SCOTT
Address	1717 NORTH E ST. STE. 320
City-State-Zip:	PENSACOLA FL 32501

Title	AS
Name	CALLAHAN, ELIZABETH
Address	1717 NORTH E ST STE 320 ATTN JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501

Title	TREASURER
Name	MAZENKO, MICHAEL
Address	1717 NORTH E ST STE 320 ATTN JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501

Title	OTHER
Name	MULLINS, JAN
Address	1717 NORTH E ST STE 320 ATTN JAN MULLINS
City-State-Zip:	PENSACOLA FL 32501

I hereby 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 all other like empowered.

SIGNATURE: JAN MULLINS**OTHER****04/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date