

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714675

Entity Name: SOUTH FLORIDA BAPTIST HOSPITAL, INC.

Current Principal Place of Business:

3202 N. PARK RD.
PLANT CITY, FL 33563

Current Mailing Address:

3202 N. PARK RD.
PLANT CITY, FL 33563 US

FEI Number: 59-0594631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC.
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759 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: JENNIFER L TOUSE

03/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIR
Name MCGINNES, DUB
Address 301 N. ALEXANDER STREET
City-State-Zip: PLANT CITY FL 33563

Title SECRETARY
Name MCMULLIN, CAROLYN
Address 301 N. ALEXANDER STREET
City-State-Zip: PLANT CITY FL 33563

Title PRESIDENT
Name GUY, KIMBERLY
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

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: KIMBERLY GUY

PRESIDENT

03/07/2025

Electronic Signature of Signing Officer/Director Detail

Date