

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714675

Entity Name: SOUTH FLORIDA BAPTIST HOSPITAL, INC.**Current Principal Place of Business:**301 N. ALEXANDER STREET
PLANT CITY, FL 33563**Current Mailing Address:**301 N. ALEXANDER STREET
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:** SCOTT A. KIZER

03/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VICE CHAIR
Name	NEWSOME, JOE
Address	301 N. ALEXANDER STREET
City-State-Zip:	PLANT CITY FL 33563

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

Title	PRESIDENT
Name	WATERS, GLENN
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: GLENN WATERS

PRESIDENT

03/30/2018

Electronic Signature of Signing Officer/Director Detail

Date