

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767266

Entity Name: BAPTIST HEALTH CARE CORPORATION

Current Principal Place of Business:

1717 NORTH E ST
STE 320
PENSACOLA, FL 32501

Current Mailing Address:

1717 NORTH 'E' ST.
STE 320- ATTN: MARY MATHEWS
PENSACOLA, FL 32501 US

FEI Number: 59-2425151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, ELIZABETH
1717 NORTH E ST.
SUITE 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 SECRETARY
Name GRISSETT, WILLIAM C.
Address 1075 HIGHWAY 91
City-State-Zip: ATMORE AL 36502

Title VC
Name JACOB, P. BERNARD
Address ONE ENERGY PLACE
City-State-Zip: PENSACOLA FL 32520

Title VC
Name SHELL, STEPHEN B
Address 226 PALAFOX PLACE
City-State-Zip: PENSACOLA FL 32501

Title CHAIRMAN
Name PAUL, MARCUS EDMD
Address 555 BRENT LANE
City-State-Zip: PENSACOLA FL 32503

Title T
Name GRAY, EDWARD MIII
Address 315 FAIRPOINT DR
City-State-Zip: GULF BREEZE FL 32561

Title ASST. SECRETARY
Name MATHEWS, MARY B
Address 1717 NORTH E ST.
STE. 320
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: MARY MATHEWS

AS

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date