

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767266

**FILED**  
**Mar 14, 2018**  
**Secretary of State**  
**CC3161792450**

**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: JAN MULLINS  
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 MCMAHON, DONALD  
Address 375 N. 9TH AVE.  
City-State-Zip: PENSACOLA FL 32502

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 CALLAHAN, ELIZABETH  
Address 1717 NORTH E ST.  
STE. 320  
City-State-Zip: PENSACOLA FL 32501

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

Title CFO  
Name GLEASON, MICHAEL  
Address 1717 NORTH E ST  
STE. 320  
City-State-Zip: PENSACOLA FL 32501

Title RS  
Name MULLINS, JAN  
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:** JAN MULLINS

**EXEC ASST**

**03/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date