

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767266

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**6421801295CC**

**Entity Name:** BAPTIST HEALTH CARE CORPORATION

**Current Principal Place of Business:**

ATTN:ELIZABETH C CALLAHAN  
1717 NORTH E STREET, SUITE 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

ATTN:ELIZABETH C CALLAHAN  
1717 NORTH E STREET, SUITE 320  
PENSACOLA, FL 32501 US

**FEI Number:** 59-2425151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CALLAHAN, ELIZABETH C  
1717 NORTH E ST.  
SUITE 320  
PENSACOLA, FL 32503 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	Title	VC
Name	MCAHON, DONALD	Name	SHELL, STEPHEN B
Address	375 N. 9TH AVE.	Address	226 PALAFOX PLACE
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32501
Title	CHAIRMAN	Title	T
Name	PAUL, MARCUS EDMD	Name	GRAY, EDWARD MIII
Address	555 BRENT LANE	Address	315 FAIRPOINT DR
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	GULF BREEZE FL 32561
Title	EXECUTIVE ASSISTANT TO PRESIDENT		
Name	MULLINS, JAN R		
Address	ATTN:ELIZABETH C CALLAHAN 1717 NORTH E STREET, SUITE 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 R MULLINS

**EXECUTIVE ASSISTANT TO PRESIDENT** **03/11/2019**

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