2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2020
Secretary of State
6974340634CC

DOCUMENT# 767266

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	MCMAHON, DONALD	Name	SHELL, STEPHEN B
Address	1717 NORTH E STREET SUITE 320	Address	1717 NORTH E STREET SUITE 320
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	CHAIRMAN	Title	T
Name	PAUL, MARCUS EDMD	Name	GRAY, EDWARD MIII
Address	1717 NORTH E STREET SUITE 320	Address	1717 NORTH E STREET SUITE 320
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	EXECUTIVE SECRETARY	Title	PRESIDENT/CEO
Name	MULLINS, JAN R	Name	FAULKNER, MARK T
Address	ATTN:ELIZABETH C CALLAHAN 1717 NORTH E STREET, SUITE 320	Address	ATTN:ELIZABETH C CALLAHAN 1717 NORTH E STREET, SUITE 320
City-State-Zip:	PENSACOLA FL 32501	City-State-Zip:	PENSACOLA FL 32501
Title	EVP/PRESIDENT BHI	Title	CFO
Name	RAYNES, SCOTT	Name	GLEASON, MIKE
Address	ATTN:ELIZABETH C CALLAHAN 1717 NORTH E STREET, SUITE 320	Address	ATTN:ELIZABETH C CALLAHAN 1717 NORTH E STREET, SUITE 320
City-State-Zip:	PENSACOLA FL 32501	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 EXECUTIVE ASSISTANT 03/10/2020

Electronic Signature of Signing Officer/Director Detail — Date