

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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
Name MCMAHON, DONALD
Address 1717 NORTH E STREET
SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title VC
Name SHELL, STEPHEN B
Address 1717 NORTH E STREET
SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title CHAIRMAN
Name PAUL, MARCUS EDMD
Address 1717 NORTH E STREET
SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title T
Name CLEVELAND, DAVE
Address 1717 NORTH E STREET
SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title EXECUTIVE SECRETARY
Name MULLINS, JAN R
Address ATTN:ELIZABETH C CALLAHAN
1717 NORTH E STREET, SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title PRESIDENT/CEO
Name FAULKNER, MARK T
Address ATTN:ELIZABETH C CALLAHAN
1717 NORTH E STREET, SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title EVP/PRESIDENT BHI
Name RAYNES, SCOTT
Address ATTN:ELIZABETH C CALLAHAN
1717 NORTH E STREET, SUITE 320
City-State-Zip: PENSACOLA FL 32501

Title CFO
Name GLEASON, MIKE
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 MULLINS

EXECUTIVE ASST

11/18/2020

Electronic Signature of Signing Officer/Director Detail

Date