

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767266

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**5681636472CC**

**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 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

**EXEC. ASSISTANT**

**02/15/2021**

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

\_\_\_\_\_  
Date