

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

DOCUMENT# N42700

**Entity Name:** BAPTIST HEALTH SOUTH FLORIDA, INC.

**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**1106379260CC**

**Current Principal Place of Business:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143-3632

**Current Mailing Address:**

6855 RED ROAD  
SUITE 600  
CORAL GABLES, FL 33143-3632 US

**FEI Number:** 65-0267668

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 P  
Name KEELEY, BRIAN E  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title C  
Name CARR, JAMES  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title VC  
Name HERSHOFF, JAY A  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title TREASURER  
Name STOKES, ROBERTA  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title SECRETARY  
Name DAILEY, RICHARD H  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title CFO  
Name ARSENAULT, MATTHEW V  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title EVP  
Name BOULENGER, ALBERT L  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

Title EVP  
Name NATOLI, JOSEPH T  
Address 6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143

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*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:** BRIAN E. KEELEY

**PRESIDENT**

**04/07/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           EVP  
Name           LOPEZ-BLAZQUEZ, ANA  
Address        6855 RED ROAD, SUITE 600  
City-State-Zip: CORAL GABLES FL 33143