

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42700

**FILED
Mar 21, 2016
Secretary of State
CC9315605848**

Entity Name: BAPTIST HEALTH SOUTH FLORIDA, INC.

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

FEI Number: 65-0267668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 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 WHITE, WILLIAM W REV.DR.
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title VC
Name DICKINSON, WILLIAM H
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

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

Title T
Name TILLET, BILL R
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title CFO
Name LAWSON, RALPH E
Address 6855 RED ROAD, SUITE 600
City-State-Zip: CORAL GABLES FL 33143

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

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date