

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G88936

**Entity Name:** BAPTIST HEALTH VENTURES, INC.

**Current Principal Place of Business:**

1717 N E ST.  
SUITE 320  
PENSACOLA, FL 32501

**Current Mailing Address:**

ATTN: ELIZABETH CALLAHAN  
1717 NORTH E STREET SUITE 320  
PENSACOLA, FL 32501 US

**FEI Number:** 59-2415910

**Certificate of Status Desired:** No

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

CALLAHAN, ELIZABETH  
1717 NORTH E ST.  
SUITE 320  
PENSACOLA, FL 32501 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 C  
Name PORTER, JOHN  
Address 1717 NORTH E ST., STE. 320  
City-State-Zip: PENSACOLA FL 32501

Title TREASURER  
Name GLEASON, MIKE  
Address 1717 N E ST.  
SUITE 320  
City-State-Zip: PENSACOLA FL 32501

Title SECRETARY  
Name CALLAHAN, ELIZABETH  
Address 1717 N E ST.  
SUITE 320  
City-State-Zip: PENSACOLA FL 32501

Title RS  
Name MULLINS, JAN  
Address 1717 N E ST.  
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 607, 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