

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H65429

Entity Name: BAPTIST HEALTH ENTERPRISES, INC.**Current Principal Place of Business:**6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143**Current Mailing Address:**6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US**FEI Number:** 59-2572862**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	CEO
Name	LOPEZ-BLAZQUEZ, ANA
Address	6855 RED ROAD, SUITE 600
City-State-Zip:	CORAL GABLES FL 33143

Title	C
Name	SHUFFIELD, RONALD A
Address	6855 RED ROAD, SUITE 600
City-State-Zip:	CORAL GABLES FL 33143

Title	VC
Name	WESTON, SCOTT
Address	6855 RED ROAD, SUITE 600
City-State-Zip:	CORAL GABLES FL 33143

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

Title	T
Name	TRIPATHY, SATS
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANA LOPEZ-BLAZQUEZ

CEO

04/19/2021

Electronic Signature of Signing Officer/Director Detail_____
Date