

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRET
10/15/05-2**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>Baptist Health System, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>P.O. Box 830605</u>			
3. Principal Place of Business (if different from line 2) City: <u>Birmingham</u> State/Zip (or Country) <u>AL 35283-0605</u>			
4. Contact Name <u>Judi McGuire</u>	Telephone <u>(205) 715-5843</u>	E-mail (optional) <u>judi.mcguire@bhsala.com</u>	5. Senate ID # <u>5324</u>
7. Client Name <input type="checkbox"/> Self	6. House ID # <u>3167</u>		

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input checked="" type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input checked="" type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature

Judi McGuire

Printed Name and Title Judi McGuire, System Dir. Governmental Rel

LD-2 (REV. 6/98)

Registrant Name Baptist Health System Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code _____ (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted

Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
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.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature Judi McGuire Date 1-24-05

Registrant Name Baptist Health System Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant or affiliated organization

Signature

Audi McGuire

Date

1-24-05

Printed Name and Title Judi McGuire, System Dir. Governmental Relations

Form LD-2 (Rev. 6/98)

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