

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # 709768 (6)
 1. Corporation Name
SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC.

Principal Place of Business Mailing Address
800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207

3. Date Incorporated or Qualified **10/15/1965** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-0747311** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1301 Riverplace Blvd 26 1301 Riverplace Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 1700 27 Suite 1700
 City & State City & State
23 Jacksonville, FL 28 Jacksonville, FL
 Zip Country Zip Country
24 32207 25 USA 29 32207 30 USA

9. Name and Address of Current Registered Agent
SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.
83 Suite 1700
84 City Jacksonville FL 85 Zip Code 32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Harvey Granger* **Harvey Granger** **7-29-96** DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D/P
NAME	MASON, WILLIAM C.	1.2 NAME	Mason, William C.
STREET ADDRESS	800 PRUDENTIAL DRIVE	1.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	2.1 TITLE	
NAME	WHORTON, JUDSON S.	2.2 NAME	
STREET ADDRESS	5443 JOHN REYNOLDS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HATCHER, WILLIAM K.	3.2 NAME	
STREET ADDRESS	3344, SLIP 4 LK. SHORE BD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	AS/AT
NAME	JACKSON, REBECCA B.	4.2 NAME	Jackson, Rebecca B.
STREET ADDRESS	800 PRUDENTIAL DRIVE	4.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	5.1 TITLE	
NAME	DOUGLAS, T. O'NEAL	5.2 NAME	
STREET ADDRESS	76 S LAURA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* **Rebecca B. Jackson** **7-29-96** **904/202-4001**
DATE DAYTIME PHONE #

CR2E037 (3/96)

SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC.

D/S/T	Cooper, Edgar R.	7822 Linkside Dr.	Jacksonville, FL 32256
D/VC	Rowe, Robert L., Jr.	9471 Baymeadows Rd.	Jacksonville, FL 32256
D	Haskell, Preston H.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
D	Watson, William A., Jr.	11226-1 San Jose Blvd.	Jacksonville, FL 32223
D/C	Williams, John H., Jr.	1200 Riverplace Blvd.	Jacksonville, FL 32207
D	Groover, Jack R., M.D.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
V	Thompson, Carol C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
V	Greene, A. Hugh	800 Prudential Drive	Jacksonville, FL 32207
V	Freeman, Larry J.	800 Prudential Drive	Jacksonville, FL 32207