

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 709768 (6)

1. Corporation Name
SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC.



Principal Place of Business: **1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE FL 32207**
 Mailing Address: **1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **10/15/1965**
 4. FEI Number: **59-0747311**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
GRANGER, HARVEY
1301 RIVEPLACE BLVD
SUITE 1700
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MASON, WILLIAM C	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHORTON, JUDSON S	
STREET ADDRESS	5443 JOHN REYNOLDS DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATCHER, WILLIAM K	
STREET ADDRESS	3344,SLIP 4 LK.SHORE BD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B	
STREET ADDRESS	1301 RIVERPLACE BLVD #1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	COOPER, EDGAR R	
STREET ADDRESS	7851 HEATHER LAKE COURT EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CP2E037 (10/97)

SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC.

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
V	Lukaszewski, Michael	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
V	Wilbanks, John	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207