


FILE NOW: FILING FEE IS \$61.25

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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State. DIVISION OF CORPORATIONS
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DOCUMENT # 709768

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/15/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0747311
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	Country	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, WILLIAM C	1.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHORTON, JUDSON S	2.2 NAME	
STREET ADDRESS	5443 JOHN REYNOLDS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, WILLIAM K	3.2 NAME	
STREET ADDRESS	3344 SLIP 4 LK. SHORE BD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, REBECCA B	4.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD #1700	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, EDGAR R	5.2 NAME	
STREET ADDRESS	7851 HEATHER LAKE COURT EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Rebecca B. Jackson* Assistant Secretary 4-23-99 904/202-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)

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DOCUMENT # 709768

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	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

DELETE:

V	Thompson, Carol C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207
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