

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90059 026 ****61.25

DOCUMENT # 709768

1. Entity 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 32207-9023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0747311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRANGER, HARVEY
 1301 RIVEPLACE BLVD
 SUITE 1700
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca B Jackson* **REBECCA B JACKSON, Asst. Sec. 4-19-00 904/202-4005**

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

CR2E037 (9/99)

Attachment
#709768
A0047930

DOCUMENT # 709768
SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC.

DVC	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
DC	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