2001 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # 709768  1. Entity Name							Apr 17, 2001 08:00 AM Secretary of State				
SOUTHER	RN BAPTIS	T HOSPITAL OF FLO	RIDA, INC.			Se	cretary o	)1 St	ate		
Principal Place	e of Business		Mailing Address	-	-	<u> </u>					
800 PRUDENT	IAL DR.		800 PRUDENTIAL DR.								
JACKSONVILI 32207	LE	FL	JACKSONVILLE 32207		FL						
Principal Place of Business     3. Mailing Address     C/O REBECCA B. JACKSON									•		
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE				
SUITE 902 1325 SAN MARCO BLVD., SUIT City & State City & State						4. FEI Numbe	,		I An	plied For	
JACKSONVILI		FL	JACKSONVILLE		FL	59-0747			<del></del>	t Applicable	
Zip 32207		Country us	Zip 32207	Cou us	untry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional d	
	6. Name	and Address of Current R	egistered Agent		Nome	7. Name and	Address of New R	egistered	Agent		
GRANGER HARVEY					Name						
1325 SAN MARCO BLVD.					Street A	ddress (P.O. Box Numbe	er is Not Acceptable			-	
SUITE 902	лтте	Text					·	<del>-</del>			
JACKSONVILLE FL 32207 US					City	City FL Zip Code					
8. The above	named entity	submits this statement for	the purpose of changing its	register	ed office or	registered agent, or bo	h, in the state of Flor	ida.			
SIGNATURE .	HARV	EY GRANGER						04/1	7/2001		
SIGNA, UHE .		or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signat	ure required when reinstating)		DATE	72001		
of the same of	Section of Section						TOWN TO A TO	,			
	FILE FEE IS	WOV:	9. Election Campaign Trust Fund Contribu		ing 🔲	\$5.00 May Be Added to Fees			Payable to		
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CH	ANGES TO OFFICE	S AND D	IRECTORS IN	110	
TITLE	Ţ	31110211371113 3111	☐ Delete	TITL		D	ANGES TO STETISE	10 71110 0	Change	<b></b> Addition	
NAME				NAM		MASON WILI	LIAM C				
STREET ADDRESS				1	EET ADDRESS		SAN MARCO BLVD., SUITE 902				
CITY-ST-ZIP				_	'-ST-ZIP	JACKSONVILLE	<del></del> .	FL	32207		
TITLE	DST	TDG ID D	☐ Delete	TITL		DVC			X Change	Addition Addition	
NAME STREET ADDRESS	COOPER	EDGAR R THER LAKE COURT EAST		NAM STR	EET ADDRESS	ROWE ROBE 1325 SAN MARCO BL					
CITY-ST-ZIP	JACKSON		$\mathbf{FL}$		'-ST-ZIP	JACKSONVILLE	, v.b., serie yez	FL	32207		
TITLE	AST	<del>-</del>	☐ Delete	TITL	 E	AST			X Change	☐ Addition	
NAME	JACKSON	REBECCA B		NAN	1E	JACKSON REF	BECCA B			_	
STREET ADDRESS	1	RPLACE BLVD #1700			EET ADDRESS	1325 SAN MARCO BL	VD., SUITE 902	_			
CITY-ST-ZIP	JACKSON	VILLE	FL 32207	-	'-ST-ZIP	JACKSONVILLE		FL	32207		
TITLE Name	D	) SMITTAM IZ	∟! Delete	TITL NAN		DC WILLIAMS JOI	HN HJR		X Change	Addition	
STREET ADDRESS					EET ADDRESS		5 SAN MARCO BLVD., SUITE 902				
CITY-ST-ZIP	JACKSON		FL		'-ST-ZIP	JACKSONVILLE		FL	32207		
TITLE	D		Delete	- TITL	E	DST			X Change	Addition	
NAME	WHORTO	N JUDSON S		NAN	1E	HATCHER WI	LLIAM K		-		
STREET ADDRESS	1	N REYNOLDS DR.			EET ADDRESS	1325 SAN MARCO BL	VD., SUITE 902				
CITY-ST-ZIP	JACKSON	VILLE	FL	เมก	'-ST-ZIP	JACKSONVILLE		FL	32207		
TITLE	l DD		□ - · ·		-	DD			₩Z ^*····	□ x 1.000	
NAME	DP MASON	WILLIAM C	☐ Delete	TITL Nan		DP GREENE A. H	UGH		■ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

JACKSONVILLE

CITY-ST-ZIP

SIGNATURE: REBECCA B. JACKSON

FL 32207

AST

JACKSONVILLE

04/17/2001

32207

 $\mathbf{FL}$