

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709768

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC.

**Current Principal Place of Business:**

800 PRUDENTIAL DRIVE  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-0747311      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANGER, HARVEY  
841 PRUDENTIAL DR., SUITE 1802  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GREENE, A. HUGH  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DVC  
Name: HUGHES, CHARLES E JR  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DC  
Name: HARDEN, M C III  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ST  
Name: SISISKY, RICHARD L  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: MASON, WILLIAM C  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP  
Name: WILBANKS, JOHN F  
Address: 841 PRUDENTIAL DRIVE, SUITE 1802  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F. WILBANKS

VP

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date