2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

770015

1. Entity Name

DOCUMENT #

JACKSONVILLE FL 32207

SIGNATURE:

BAPTIST	HEALTH SYSTEM, INC.								
800 PRUDENTIAL DR. 132: JACKSONVILLE FL 32207 SUF		Mailing Address 325 SAN MARCO BLVD. SUITE 902 IACKSONVILLE FL 32207 JS		# 18 841 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	114 <b>8 8</b> 114 <b>8 8 18 18 18 18 18 18 18 18</b> 18 18 18 18 18 18 18 18 18 18 18 18 18	1/01/ <b>1</b> /81/ 810// 1	UK 1414 KALI		
2. Principal Place of Business 3. N		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		``	☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2487136			oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Regi	stered Agent			7. Name and Addre	ess of New Registered	Agent		
				Name					
	er, harvey esq. An marco boulevard		Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 9				1					
. JACKSC	ONVILLE FL 32207		City	<del></del>		FI	Zip Cod	e	
8: The above	e named entity submits this statement for the	purpose of changing its re	egistered office of	r registere	ed agent, or both, in the	ne State of Florida. I am	familiar with,	and accept	
the obliga	tions of registered agent,							}	
SIGNATURE	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE: I	Registered Agent signal	ture required	when reinstating)	DATE		<del></del>	
FILE NOW: FEE IS \$61.25		· ·	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRECT	ORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	110	
TITLE	DP	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	GREENE, A. HUGH	•	NAME	ł					
STREET ADDRESS CITY-ST-ZIP	1325 SAN MARCO BLVD. SUITE 902   JACKSOVILLE FL 32207	4	STREET ADDRESS CITY-ST-ZIP	]					
<del></del>	DST JACKSOVILLE FL 32207								
TITLE NAME	HATCHER, WILLIAM K	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	)	STREET ADDRESS	i					
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP						
TITLE	DC	☐ Delete	TITLE			<del></del>	☐ Change	Addition	
NAME	WILLIAMS, JOHN H JR		NAME	[			_ •		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	2	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP	A					
TITLE	AST HOWACH PERSON P	Delete	TITLE	AST	<i>(</i> *		Change	Addition	
NAME CIRCU ADDRESS	JACKSON, REBECCA B	,	NAME	Harre	ey aranger	31 rd. Suite 90	2		
STREET ADDRESS CITY-ST-ZIP	1325 SAN MARCO BLVD. SUITE 902   JACKSONVILLE FL 32207	2	STREET ADDRESS CITY-ST-ZIP				_		
	DVC	<b>□</b> 5.7.1.	<del></del>	<u> </u>	Ksonville, Fl	JARUI	☐ Change	☐ Addition	
TITLE NAME	ROWE, ROBERT L	☐ Delete	TITLE NAME				☐ Change	☐ Addition }	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	2 •	STREET ADDRESS					1	
CITY-ST-ZIP	JACKSONVILLE FL 32207	-	CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE			* <del></del>	☐ Change	☐ Addition	
NAME	MASON, WILLIAM C		NAME						
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902	2	STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32207		CITY-ST-ZIP						

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.

4/24/03

104-202-506le

05-07-2003 90177 014 \*\*\*\*61.25

