


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 770084 1. Entity Name BAPTIST HEALTH PROPERTIES, INC.					
Principal Place of Business 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 US			Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2487133	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARVEY GRANGER, GENERAL COUNSEL 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207				Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, A. HUGH			NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CAROL C			NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKASZEWSKI, MICHAEL			NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, HARVEY			NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, WILLIAM C			NAME	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Harvey Granger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/30/07 904-202-5010 Date Daytime Phone #	