


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90423 035 \*\*\*\*61.25

**DOCUMENT # 770085**

1. Entity Name  
**BAPTIST HEALTH SYSTEM FOUNDATION, INC.**



Principal Place of Business  
**1325 SAN MARCO BLVD., SUITE 902  
 JACKSONVILLE, FL 32207 US**

Mailing Address  
**1325 SAN MARCO BLVD., SUITE 902  
 JACKSONVILLE, FL 32207 US**

**40080016**



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

05012006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2487135</b>				Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>GRANGER, HARVEY</b> <b>1325 SAN MARCO BOULEVARD</b> <b>SUITE 902</b> <b>JACKSONVILLE, FL 32207</b>			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HATCHER, WILLIAM K			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	TC	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, TONI			NAME	Crawford, Toni		
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 902			STREET ADDRESS	325 San marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	TVC	<input type="checkbox"/> Delete		TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARYANI, M.D., SHYAM			NAME	Paryani, Shyam, M.D.		
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902			STREET ADDRESS	1325 San marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	TT	<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		<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: Harvey Granger 4/28/06 904-202-5010

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