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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35375

1. Corporation Name

BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

545435 - 90043 - 3 5 \*

Principal Place of Business 1350 13TH AVENUE SOUTH JACKSONVILLE FL 32207 US

Mailing Address C/O WILLIAM C. MASON, PRESIDENT 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 11/27/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2980620

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANGER, HARVEY 1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE FL 32207

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVCP NAME GREENE, A. HUGH STREET ADDRESS 1301 RIVERPLACE BLVD #1700 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE DC NAME LYNCH, WILLIAM JR. MD STREET ADDRESS 357 11TH AVE SOUTH CITY-ST-ZIP JACKSONVILLE BCH FL

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE AS NAME JACKSON, REBECCA B. STREET ADDRESS 1301 RIVERPLACE BLVD #1700 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D NAME SWANN, JOHN H STREET ADDRESS 1301 RIVERPLACE BLVD., STE 1700 CITY-ST-ZIP JACKSONVILLE FL 32207

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Secretary 4-23-99 904/202-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

545435-90043-3

DOCUMENT # N35375

BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

D	Wainwright, William R.,M.D.	350 South 10th Ave.	Jacksonville Beach, FL 32250
D	Deese, Roy	681 South Third Street	Jacksonville Beach, FL 32250
D	Chao, Don	1617 Beach Blvd.	Jacksonville Beach FL 32250
D	Maher, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Mason, William C.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
V	Mitrick, Joe	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
VST	Lukaszewski, Michael	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207