

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N35375**

1. Entity Name  
 BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

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
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2. Principal Place of Business 1350 13TH AVENUE SOUTH Suite, Apt. #, etc.	3. Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD. SUITE 902 Suite, Apt. #, etc.
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City & State JACKSONVILLE BEACH FL	City & State JACKSONVILLE FL
Zip 32250	Country US
Zip 32207	Country US

4. FEI Number <b>59-2980620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

GRANGER HARVEY  
 1325 SAN MARCO BOULEVARD  
 SUITE 902  
 JACKSONVILLE FL 32207 US

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE \_\_\_\_\_ DATE **04/04/2001**

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAO DON 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON JOHN K 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WAINWRIGHT WILLIAM RMD 350 SOUTH 10TH AVENUE JACKSONVILLE BEACH FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACKSON, REBECCA B. 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LYNCH, WILLIAM JR. MD 357 11TH AVE SOUTH JACKSONVILLE BCH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCP GREENE, A. HUGH 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** REBECCA B JACKSON AS 04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)