

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35375

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** BAPTIST MEDICAL CENTER OF THE BEACHES, INC.

**Current Principal Place of Business:**

1350 13TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 59-2980620      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANGER, HARVEY  
841 PRUDENTIAL DR  
SUITE 1802  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** GREENE, A. HUGH  
**Address:** 841 PRUDENTIAL DRIVE, SUITE 1601  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** DC  
**Name:** BONO, ERNEST P SR.  
**Address:** 1350 13TH AVENUE SOUTH  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

**Title:** AS  
**Name:** GRANGER, HARVEY  
**Address:** 841 PRUDENTIAL DRIVE, SUITE 1802  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** DST  
**Name:** BHIKHA, SONNY  
**Address:** 1350 13TH AVENUE SOUTH  
**City-St-Zip:** JACKSSONVILLE BEACH, FL 32250 US

**Title:** DVC  
**Name:** GHILONI, PETER  
**Address:** 1350 13TH AVENUE SOUTH  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

**Title:** V  
**Name:** WILBANKS, JOHN F  
**Address:** 841 PRUDENTIAL DR STE 1601  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARVEY GRANGER

AS

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date