

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

FILED  
 Aug 05 1996 8:00 am  
 Secretary of State

**DOCUMENT # N94000000920 (8)**

1. Corporation Name  
**BAPTIST MEDICAL CENTER OF NASSAU, INC.**

Principal Place of Business 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL 32207	Mailing Address 1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL 32207
---	---

3. Date Incorporated or Qualified <b>02/22/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3234721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1250 South 18th Street</b>	2a. Mailing Address <b>g/o William C. Mason</b> 26 <b>1301 Riverplace Blvd.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. <b>Suite 1700</b>
23 City & State <b>Fernandina Beach FL</b>	28 City & State <b>Jacksonville, FL</b>
24 Zip <b>32034</b> Country <b>USA</b>	29 Zip <b>32207</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY, PROFESSIONAL ASSOC.  
 225 WATER ST.  
 1800 FIRST UNION NATIONAL BANK  
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name <b>Harvey Granger, General Counsel</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1301 Riverplace Blvd.</b>
83 Suite <b>Suite 1700</b>
84 City <b>Jacksonville</b>
85 Zip Code <b>FL 32207</b>

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 Harvey Granger **Harvey Granger** DATE **7-29-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASON, WILLIAM C</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOUGLAS, T. O'NEAL</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, CAROL C</b>	
STREET ADDRESS	<b>1325 SAN MARCO BLVD., SUITE 901</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENE, A. HUGH</b>	
STREET ADDRESS	<b>800 PRUDENTIAL DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D/VC/P Mason, William C.</b>
1.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D/V/S Greene, A. Hugh</b>
4.3 STREET ADDRESS	<b>1301 Riverplace Blvd., Suite 1700</b>
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rebecca B. Jackson **Rebecca B. Jackson** DATE **7-29-96** DAYTIME PHONE # **904/202-4001**

CR2E037 (3/96)

BAPTIST MEDICAL CENTER OF NASSAU, INC.

D/C	Bosland, Paul C.	16 Sea Marsh Road	Amelia Island, FL 32034
D	Branan, Joni	3852 Pirates Way	Yulee, FL 32097
D	McCully, James, G., M.D.	1250 South 18th Street	Fernandina Beach, FL 32034
D	Miller, David F.	1678 South Eighth Street	Fernandina Beach, FL 32034
V/T	Lukaszewski, Michael	800 Prudential Drive	Jacksonville, FL 32207
AS	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	Betty Cook	Route 1, Box 1080	Callahan, FL 32011