

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90059 018 \*\*\*\*61.25

DOCUMENT # N94000000920

1. Entity Name

**BAPTIST MEDICAL CENTER OF NASSAU, INC.**

Principal Place of Business 1250 SOUTH 18TH STREET BEACH FL 32034	Mailing Address C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD #1700 JACKSONVILLE FL 32207-9023 US
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**A0047938**



DO NOT WRITE IN THIS SPACE

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

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. Name and Address of Current Registered Agent

**GRANGER, HARVEY GENERAL**  
**1301 RIVERPLACE BLVD**  
**SUITE 1700**  
**JACKSONVILLE FL 32207**

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

<b>FILE NOW: FEE IS \$61.25</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 Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MASON, WILLIAM C</b> <b>1301 RIVERPLACE BLVD #1700</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>COOK, BETTY</b> <b>RT 1 BOX 1080</b> <b>CALLAHAN FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MILLER, DAVID</b> <b>1678 S EIGHTH STREET</b> <b>FERNANDINA BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVCP</b> <input type="checkbox"/> Delete <b>GREENE, A. HUGH</b> <b>1301 RIVERPLACE BLVD #1700</b> <b>JACKSONVILLE FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(i), 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* **Rebecca B. Jackson, Asst. Sec.** 4-19-00 904/202-4005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Attachment  
#N94000000920  
A0047938

DOCUMENT # N94000000920  
BAPTIST MEDICAL CENTER OF NASSAU, INC.

D	Albert, Charles L.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
DC	Bosland, Paul C.	16 Sea Marsh Road	Amelia Island, FL 32034
D	Branan, Joni	3852 Pirates Way	Yulee, FL 32097
D	Maher, John J.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
D	McCully, James, G., M.D.	1250 South 18th Street	Fernandina Beach, FL 32034
V	Mayo, Jim	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207
AS	Jackson, Rebecca B.	1301 Riverplace Blvd. Suite 1700	Jacksonville, FL 32207