2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90336 049 ****61.25

1. Entity Name BAPTIST MEDICAL CENTER OF NASSAU, INC.				04-30-2004 90330 049 01.23				
1250 SOUTH 18TH STREET C/C FERNANDINA BEACH, FL 32034 US 133			-		-			
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072004 CI	hg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-323472	21	 	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	S8.75 Add Fee Require	ditional	
	6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New F	Registered Agent		
CRANCER HARVEY			Name	Name				
GRANGER, HARVEY 1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE, FL 32207			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е	
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	istered office or registe	red agent, or both, i n	the State of Fl	lorida. I am familiar with,	and accept	
SIGNATURE .	Clarest via hand as establed name of variational assets	and title if a will a whole ANOTE.						
	Signature, typed or printed name of registered agent a	and the ir applicable. (NOTE:	Registered Agent signature red	uired when ranstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campa Trust Fund Con				\$5.00 May Be Added to Fees		Make check payable t rida Department of S		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	ES TO OFFICE	RS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRANGER, HARVEY	☐ Delete	TITLE			☐ Change		
	1325 SAN MARCO BLVD., SUITE	E 902	NAME STREET ADDRESS				☐ Addition	
TITLE	JACKSONVILLE, FL 32207 DST	E 902 □ Delete				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32207	☐ Delete	STREET ADDRESS CITY-ST-ZIP			Change		
NAME STREET ADDRESS	JACKSONVILLE, FL 32207 DST COOK, BETTY 1325 SAN MARCO BLVD., SUITE	Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 32207 DST COOK, BETTY 1325 SAN MARCO BLVD., SUITE JACKSONVILLE, FL 32207 DC BOSLAND, PAUL C 1325 SAN MARCO BLVD., SUITE	☐ Delete E 902 ☐ Delete E 902 ☐ Delete	STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 32207 DST COOK, BETTY 1325 SAN MARCO BLVD., SUITE JACKSONVILLE, FL 32207 DC BOSLAND, PAUL C 1325 SAN MARCO BLVD., SUITE JACKSONVILLE, FL 32207 DVCP GREENE, A. HUGH 1325 SAN MARCO BLVD., SUITE	☐ Delete E 902 ☐ Delete E 902 ☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes: an 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: an 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: an 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HOWER MUTTED NAME OF SIGNING OFFICER OR DIRECTOR