
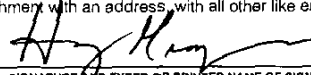


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90035 038 \*\*\*\*61.25

DOCUMENT # N94000000920			
1. Entity Name BAPTIST MEDICAL CENTER OF NASSAU, INC.			
Principal Place of Business 1250 SOUTH 18TH STREET FERNANDINA BEACH, FL 32034 US		Mailing Address C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANGER, HARVEY 1325 SAN MARCO BOULEVARD SUITE 902 JACKSONVILLE, FL 32207		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GRANGER, HARVEY 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Townsend, James M. 1325 San Marco Blvd., #902 Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRYAN, CHRISTINA 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Keffer, Rick 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	DC BOSLAND, PAUL C 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC TOWNSEND, JAMES M 1325 SAN MARCO BLVD, SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUGH, GREENE A 1325 SAN MARCO BLVD SUITE 902 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Greene, A. Hugh 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	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 		Date: 4/30/07	Daytime Phone #: 904-202-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40111200



04182007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3234721 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required