

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jul 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107099 (8)
 1. Corporation Name
BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEMENT COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1301 RIVERPLACE BOULEVARD #1700 JACKSONVILLE FL 32207	Mailing Address 1301 RIVERPLACE BOULEVARD #1700 JACKSONVILLE FL 32207
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3. Date Incorporated or Qualified
12/22/1997

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. c/o William C. Mason
23. City & State	27. Suite, Apt. #, etc.
24. Zip	28. City & State
25. Country	29. Zip
30. Country	

4. FEI Number
59-3486994

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SMITH HULSEY & BUSEY
 225 WATER STREET
 SUITE 1800
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name Harvey Granger
82. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd., Ste. 1700
83. Jacksonville, FL 32207
84. City
85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Harvey Granger* **Harvey Granger, General Counsel 4-24-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	Harkness, Charles, D.O.
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	Maher, John J.
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	DP <input type="checkbox"/> DELETE
NAME	Thompson, Carol C.
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	Clower, James W., M.D.
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	Downey, Jackson, M.D.
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700
CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	Stich, Mark A., D.O.
STREET ADDRESS	1301 Riverplace Blvd., Ste. 1700
CITY-ST-ZIP	Jacksonville, FL 32207

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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*****150.00**

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

CR2E034 (10/97)

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BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEMENT COMPANY

P

Thompson, Carol C.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

V

Mally, Earl B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

S

Jackson, Rebecca B.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207