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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000107099

1. Corporation Name
BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEM ENT COMPANY



Principal Place of Business: 1301 RIVERPLACE BOULEVARD #1700 JACKSONVILLE FL 32207
 Mailing Address: C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD. #1700 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1997

4. FEI Number: 59-3486994 Applied For: Not Applicable:

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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25

2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

GRANGER, HARVEY
 1301 RIVERPLACE BLVD.
 SUITE 1700
 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HARKNESS, CHARLES D.O.		1.2 NAME	
STREET ADDRESS: 1301 RIVERPLACE BLVD. #1700		1.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAHER, JOHN J		2.2 NAME	
STREET ADDRESS: 1301 RIVERPLACE BLVD. #1700		2.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	
TITLE: DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: THOMPSON, CAROL C		3.2 NAME	
STREET ADDRESS: 1301 RIVERPLACE BLVD. #1700		3.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLOWER, JAMES W M.D.		4.2 NAME	
STREET ADDRESS: 1301 RIVERPLACE BLVD. #1700		4.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32207		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DOWNEY, JACKSON M.D.		5.2 NAME	
STREET ADDRESS: 1301 RIVERPLACE BLVD. #1700		5.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32207		5.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STICH, MARK A D.O.		6.2 NAME	
STREET ADDRESS: 1301 RIVERPLACE BLVD. #1700		6.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32207		6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* Secretary Date: 4-23-99 Daytime Phone #: 904/202-4005

CR2E034 (11/98)

545436-90043-4

DOCUMENT # P97000107099

BAPTIST/ST. VINCENT'S PHYSICIAN PRACTICE MANAGEMENT COMPANY

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

S

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

ADDITIONS:

D Czerkowski, Joseph J., Jr., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

D Jacobs, Michael B., M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207

D Mark Zoeller, M.D.
1301 Riverplace Blvd., Ste.1700
Jacksonville, FL 32207