

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770084

**Entity Name:** BAPTIST HEALTH PROPERTIES, INC.**Current Principal Place of Business:**3563 PHILIPS HIGHWAY  
BUILDING F, SUITE 608  
JACKSONVILLE, FL 32207**Current Mailing Address:**841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US**FEI Number:** 59-2487133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAITY, G. SCOTT  
841 PRUDENTIAL DRIVE  
SUITE 1802  
JACKSONVILLE, FL 32207 US*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:** G. SCOTT BAITY

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DC  
Name GREENE, A. HUGH  
Address 841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title DT  
Name WOOTEN, SCOTT  
Address 841 PRUDENTIAL DRIVE, SUITE 1602  
City-State-Zip: JACKSONVILLE FL 32207

Title S  
Name BAITY, G. SCOTT  
Address 841 PRUDENTIAL DRIVE, SUITE 1802  
City-State-Zip: JACKSONVILLE FL 32207

Title V  
Name TICKELL, KEITH  
Address 3563 PHILIPS HIGHWAY  
BUILDING F, SUITE 608  
City-State-Zip: JACKSONVILLE FL 32207

Title DP  
Name WILBANKS, JOHN F  
Address 841 PRUDENTIAL DRIVE, SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** A. HUGH GREENE

CHAIRMAN

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date